

No # 1243, 187 Mary M. Bowden (widow)



# For Officer's or Comrade's Testimony.

Officer's, Surgeon's or Comrade's Post Office address.

Here state condition of soldier's health at time of enlistment.

State time and place of disability, and if by wound in battle, state name of battle; if by accident, state the circumstances; and if by sickness, state the cause and nature of the disease.

State your source of information.

## NOTE.

Execute this before a Clerk of the Court if possible. When executed before a Notary Public or Justice of the Peace, a certificate from the Clerk of the Court should be attached, certifying that the Notary or Justice had authority to act as such.

I, Samuel Mitchell a resident of Millsboro in the County of Sussex State of Delaware late Private of Company K of the 6<sup>th</sup> Regiment of Del. Vol. on oath, depose and say, that I was well acquainted with James P. Borden late a Private in Company K of the 6<sup>th</sup> Regiment of Del. Vol. of the war of 1861; that at the time of his enlistment, said James P. Borden was a sound healthy man

and while in the military service of the United States, in the line of his duty, and without fault or improper conduct of his own, on or about the 10<sup>th</sup> day of August 1862

at Ft. Delaware in the State of Delaware

the said James P. Borden was attacked with Chronic Diarrhea and about the same time while in line on duty he was sun struck and came from the ranks and after that time was not able to do any duty while in the service after that time I have resided near the claimant ever since our Discharge and I know he has not been able to perform manual labour more than half of his time yearly

I know these facts from living with him after, and from personal knowledge and I have no interest whatever in the prosecution of this claim for pension.

Two Witnesses when signed by mark: Geo B. Betts his Samuel X Mitchell  
John W. Hickman mark

Sworn to and subscribed before me this 26<sup>th</sup> day of July 1886 at Millsboro in the County of Sussex State of Delaware I certify that I am disinterested, that the affiant is to me well known, and is respectable, and worthy of full credit as a witness, and that the contents of the affidavit were made known to him before execution.

Amick B. Morris N.C.  
At Present 9/4  
Pm good 9/3



STATE OF

COUNTY OF

I HEREBY CERTIFY that

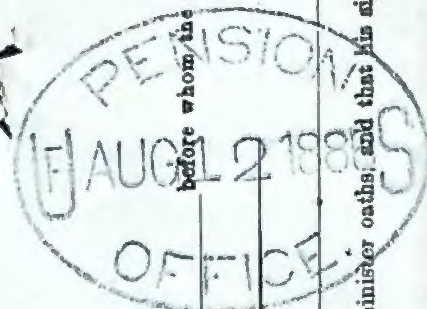
ing affidavit was made, was at the execution thereof, a

in and for the County of

and State of

thereto is genuine.

(Official Signature.)



*Cornwall*

Affidavit.

In Claim of

*James P. Bowden*  
*R. 6<sup>th</sup> Del. Inf.*

For *Origh.*

No. *57 P. 358.*

*Warren*  
*Aug 1 86*  
FILED BY

J. W. FLENNER & Co.,

Attorneys.

WASHINGTON, D. C.



578358

# War Department,

ADJUTANT GENERAL'S OFFICE,

Washington,

Dec. 20, 1886.

Respectfully returned to the Commissioner of Pensions.

*JA*  
*4/10/87*  
Peter Hitchens & Samuel Mitchell Privates of Company K,  
6<sup>th</sup> Regiment Delaware Volunteers, was enrolled on the  
day of \_\_\_\_\_, 186, at \_\_\_\_\_,  
and is reported: are reported on muster-out roll  
of Comp'y dated August 23, '63, as Present &  
mustered out on that day at Wilmington,  
Del.

*GC*  
*EW*  
No additional information as to  
presence or absence at the time in-  
creased

9/4

*Wm. H. ...*  
Assistant Adjutant General.

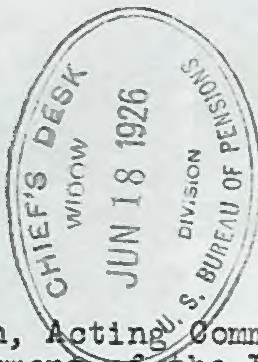


AMERICAN RED CROSS



DELAWARE CHAPTER

911 DELAWARE AVENUE  
WILMINGTON, DEL.



June 15, 1926.

E. W. Morgan, Acting Commissioner,  
U. S. Department of the Interior,  
Bureau of Pensions,  
Washington, D. C.

Re; Widow Division,  
I. C. 464202,  
James P. Bowden,  
K 6 Del. Inf.

OK

*ad 7*

My dear Mr. Morgan:--

We took up with you for Mrs. Mary M. Bowden, wife of James P. Bowden, above named, the matter of a widow's pension, which I believe has now been granted to her by the Pension Bureau.

Mrs. Bowden is under the impression that she is entitled to retroactive pension. I have told her that this is not so, but she is not satisfied.

Will you please send me a copy of the government regulations regarding this, so that I can satisfy her?

Sincerely yours,

*Marjorie Earp*

Marjorie Earp,  
Executive Secretary.

ME:MER

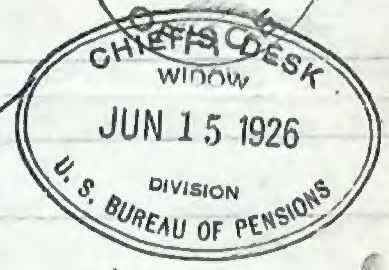
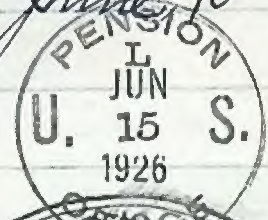


~~100~~

Sanford Dida  
June 15-26

Mrs Mary W. Borden  
Woburn

James P. Borden  
Co K 6 Regt Del Inf  
No. W 01243187



Dear Sirs.

My husband was so honest  
to charge being for chronic  
diarrhoea and resulting piles and  
result of sunstroke, and disease of  
heart. He also served also for nine  
months as a company as well as a  
regiment organized for special duty.  
Nov. 20, 1862 to August 23, 1863.

If I was not poor and did not have  
any money was able to take the  
papers to you and let you see it

20.4642037  
ad. file



with your own eye not believe me  
if you cannot take my word as I  
always try to speak the truth as  
I am writing it now just would  
not be afraid to kiss the bible I  
don't want any more than what  
belongs to me but I do want  
that it does belong to me, I would  
not tell one lie for all money  
they have in Washington

Yours

Marg. M. Bowden

Frederick  
D.C.

Route 1. Box 26

Rd 1 Seaford, DE.  
June 16<sup>th</sup> 1926

Mr Winfield Scott  
Commissioner's  
Dun Sen. -

Yours of June 7<sup>th</sup>, 1926,  
stating I was not  
entitled to a pension  
received, but not under-  
stood, if James P. Bowden,  
my husband was entitled  
to a pension, why am  
I as his widow  
not entitled to receive  
same? Would you kindly  
reply as my needs  
are pressing, yours truly

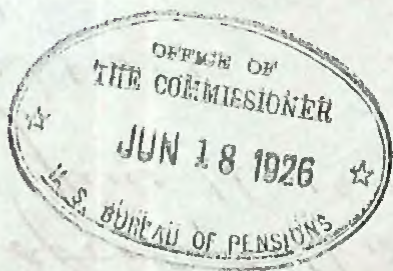
Widow Dow

W.B. 1243187

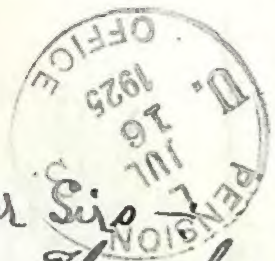
James P. Bowden  
K. G. D. D. J. J.

Mrs Mary M Bowden









9C 464 202  
 N 6 Del Sup  
 Seaford DE  
 July 15 1926  
 word

Dear Sir

The chick came and the  
 Postmaster sent it back after  
 the death of James P. Bowden  
 I also sent in a application  
 and I received a cord from you  
 that you got it all rite  
 Now is it that I have not  
 heard any thing since I have  
 not got no. in come any way  
 If any body every need any  
 thing I need a pension for  
 I feel as if I earn it

11

my nursing and all as been  
 in my owe family

Ans: On Western Mail  
 From Mrs. Mary M. Bowden  
 Seaford  
 Delaware.  
 Route 1.  
 Box 126



III

and I am wore out and I  
did not have a cent to pay  
his bringin bill with  
and you know how people  
is when you owe them they  
speak you to pay them and  
that is all right and I want  
to pay my bills and his  
sharest while I am in this  
world I have one child 12 yds  
of age and he is to school and  
to look out for he is the  
only one I have out of four  
the other three is dead  
I am not able to work  
or can't work

II

nursed him day and night  
for 2 yds and 5 months I  
can profit by any of my  
nabores

Mrs. S. E. Short  
address

Common  
Del

Mrs Minnie Boyse  
Seaford  
Del  
Route 1.

Dr. Harrison M. Manning  
Telephone 89. High street  
Seaford Delaware



Seaford Del  
April 23. 1926

of Mrs Mary M Bowden  
Widow.

James P Bowden  
Co K 6 Reg.t. Del. Inf.

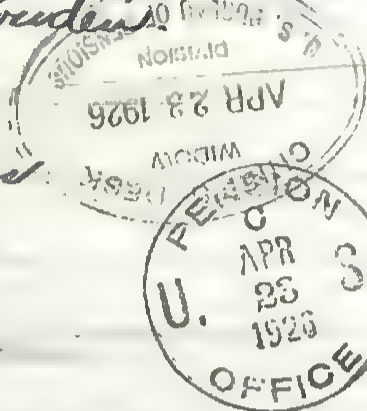
No - W/O 1243184

Dear Sirs

I sent in a claim the first part  
of April 1926 how is it that I have  
not heard any thing from it.

I feel as if tho I should  
have answer, and good I hope.

My why I say so I need it so  
bad, I have had all that I could  
to pull along. My husband will  
be died a year fir. I have not had  
any help any way or how. my health.  
is so bad I can not do hard  
work. Becouse I nursed him  
2 years I might as and most of





the time I was up with him  
and night. and if you believe me  
it means some thing but I don't  
regret what I did for him. I waited  
on him with willing mind but  
it about done me up.

Yours truly  
Mary M Bowden  
Seaford Dela  
Route 1 Box 126.

P.S Please answer soon on return  
mail if possible.



Return in 5 days

THE PENNSYLVANIA RAILROAD

Mrs Mary M Bowden  
Rd 1 Seaford, DE



Mr Winfield Scott,  
Commissioner,  
Dept. of Interior,  
Bureau of Revenues  
Washington,  
D.C.



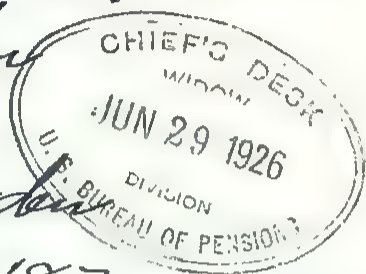
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904202

Seaford Del  
June 28/1926

Mary M. Bonchen  
Widow

James P. Bonchen  
No. WO. 243 #187

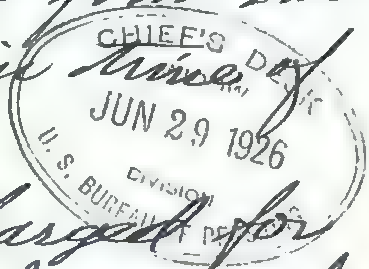


Co K, 6<sup>th</sup> Reg't Del Inf.  
Sirs

If the soldiers was  
at war more then ninety  
days his widow was in-  
titled to a pension. I  
have papers to prove  
that he received his pension  
and if he did I should  
for I know he was in  
more then ninety days

## II

I should call any one who  
lost his speech from the  
black mass in *Trince* of  
duty *sworn*



He was discharged for  
chronic diarrhoea and  
resulting piles, headache and  
vertigo result of sunstroke,  
and disease of heart.

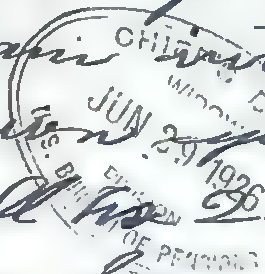
It took all what he  
received to pay his way  
through life. He was  
down helpless two  
years five months  
I did all the nursing for



III



From no one did not come  
to help me at night.  
I feel as if I am invited  
to the pension <sup>CHILDREN</sup> <sup>WIDOWS</sup> <sup>DEAF</sup>  
now as well as I do  
what are you hanging  
back on for God's sake  
I have not got a penny  
to live on and I am  
not able to work for  
it. The neighbors said  
that I was worthy of  
having the pension  
that I suffered so much  
for standing to him



I have a son Oliver Bowden  
 who is under the school  
 law And I have to school  
 him and nothing to  
 school him on I thought  
 I had answered all the  
 questions you have asked  
 me I wrote you a letter  
 two weeks ago and have  
 not received any answer  
 what every I took care  
 of him and I feel as if  
 you should take care  
 of me and my boy  
 the war that great  
 war is what that  
 won't my husband  
 but he did his duty  
 for his fathers land



Ladler

3-10-26 Seaford Del

WQ 1243187

May 18, 1926

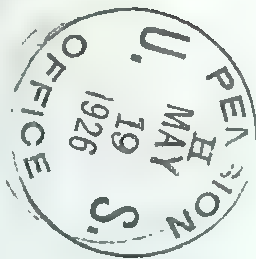
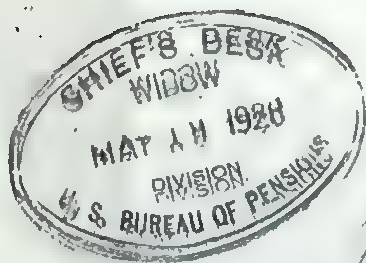
Mary M. Bowden

Widow

to  
file

James P. Bowden

Co. K. 6 Reg. t. Del Inf.



Dear Sirs

I thought I would bring  
to attention let you know I re-  
ceived the payment \$35.00 and  
thank you every so much  
I hope me and love for you  
to find the other on if you  
Please and how is Oliver Bowden

#  
alright I hope and love to  
hear from you soon I hope  
it will be good news for I need  
it to get clothes for Sunday school  
and lots other things

From

Mrs Mary M Bowden  
Seaford  
Dele

Route 1. Box 126



Satter  
5/10

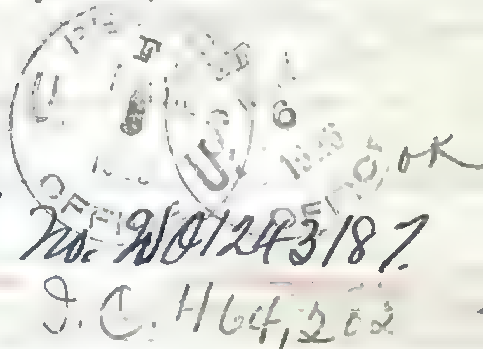
Seaford Delc  
May. 5. 1926

all no.

Mary M Bowden  
Woodrow:

James R Bowden

Co K 6 Reg't. Del Inf No. 9501243187  
Gentleman



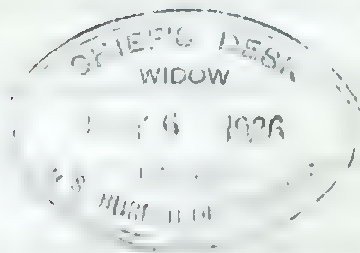
How is it that I have not  
heard any thing I thought I should  
have heard by May. 4. 1926 any how.  
but I hav't. I wrote April the 26<sup>th</sup> I  
sent the papers to which I filled out  
and the birth of Oliver my son and  
two witnesses that he is still living  
also the ~~will~~ wife wrote her names  
what is the manner now. I  
want to hear on return mail. I  
was looking for my payment this  
time. I think you should notify  
me be fore sending it.

I feel as if it is time for my payment  
I am needing it so bad if there is any  
thing liking I want to know it and  
Please do not hold it back so long.  
at Washington D.C.

Answer on return mail.

Yours truly

Mary M Bowden  
Seaford Dela  
Route 1 Box 426

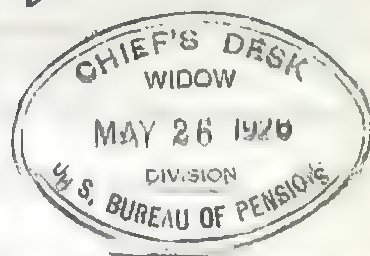




Letter 570

Leiford Delo  
May 25, 1926

Mrs Mary M Bowden  
Widow.



James P Bowden  
Capt 6th Regt Del Inf  
Mo - WO 1243187

Id 7. No 46420 v

Mrs Winfield Scott

My husband was in the  
civil war 1861 Mrs Carp claims  
that I am not entitled to no  
back pay that is from the  
time of my husband's death. I  
don't see why that I should  
not be, all rest of the widow's  
claim's that they did and all so  
you in your papers that I filled  
up with Mr Phelps I have not  
heard nothing from you since

only I got the payment May the  
13 1926 for the pay of the month  
of May I also sent in the birth  
certificate of Oliver Bowden  
my son and also proved that  
he is still living and sent  
it in April, 26 1926 I haven't  
heard any thing from that so  
I feel if everything must be  
all right that is why that I have  
not heard from it

P.S. Answer on  
return mail.

Your truly  
Mary M Bowden  
Seaford Del  
Route 1. Box 126  
also.  
Oliver Bowden



ROBT. G. HOUSTON  
AT LARGE  
DELAWARE

Congress of the United States

House of Representatives

Washington, D. C.

L. 6 464202  
P. O. 1243187

November 17, 1926

Hon. Winfield Scott  
Commissioner of Pensions  
Washington, D. C.

My dear Mr. Scott:

Your letter of November 13, 1926 advising that pension claim W. O. 1243,187, Mary M. Bowden of Seaford, Delaware, widow of James P. Bowden, late of Co. K., 6th Delaware Infantry, was rejected on the ground that the soldier's service did not cover a period of ninety days during the Civil War, nor was he discharged on account of disability incurred in service in line of duty, received.

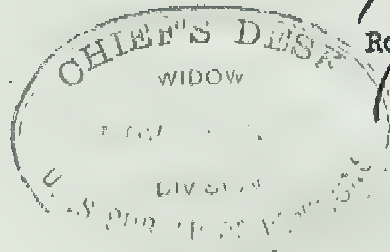
2 I do not understand this ruling because according to my information the husband, James P. Bowden received a pension under certificate No. 464,202 which was afterwards increased.

I was under the impression that if a veteran received a pension his widow, if married within required time, was also entitled to receive a pension. Mrs. Bowden was married to James P. Bowden October 1, 1891. She has one son under sixteen years of age.

Will you please further advise me in reference to this claim?

Very truly yours,

*Robt. G. Houston*  
Robert G. Houston



ROBT. G. HOUSTON  
AT LARGE  
DELAWARE

Congress of the United States  
House of Representatives  
Washington, D. C.

22  
✓

Georgetown, Delaware  
October 21, 1906

Hon. Winfield Scott  
Commissioner of Pensions  
Washington, D. C.

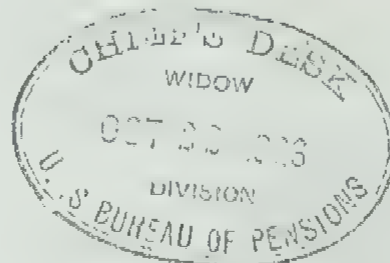
My Dear Mr. Scott:

James P. Borden, formerly, Private C. K.,  
Sixth Regiment, Delaware Volunteer Infantry, received a  
pension under certificate #464202, Act of June 27, 1900.  
He afterwards incurred an expense but I have not that  
certificate before me. Mr. Borden died April 24, 1906  
leaving a widow Mary H. Borden of Seaford, Delaware. She  
filed an application with the Pension Department and holds  
the Department's receipt for said application, dated May  
6, 1906.

Will you kindly investigate this matter and  
advise the present status of this claim for the delay in  
granting the same?

Very truly yours,

Robert G. Houston





# DECLARATION FOR WIDOW'S PENSION

Act of May 1, 1920

CLAIMANT SHOULD COMPLY FULLY WITH THE INSTRUCTIONS ON THE BACK OF THIS DECLARATION

State of Delaware County of Sussex, ss:  
 On this fifteenth day of January, 1931, before me, the undersigned, personally appeared Mary M. Bowden, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920.  
 That she is 37 years of age, that she was born September 14th, 1874, at Seaford Delaware.  
 That she is the widow of James P. Bowden, who  
 ENLISTED January 20th, 1862, at Seaford Delaware, under the name of James P. Bowden, in Company K 6th Regiment Delaware Inf. (Here state company and regiment, if in the Army; or vessel, if in the Navy) and was honorably  
 DISCHARGED August 23rd, 1863, having served ninety days or more, or was discharged for, or died in service of the United States of a disability incurred in the service in the line of duty, during the CIVIL WAR, and who  
 DIED April 24th, 1925, at Seaford Delaware.  
 That he also served in \_\_\_\_\_ (Here give a complete statement of all other military or naval service, if any, at whatever time rendered)

and that, except as herein stated, said soldier (or sailor) was \_\_\_\_\_ employed in the military or naval service of the United States;  
 THAT SHE WAS MARRIED to said soldier (or sailor) September 29th, 1886, under the name of Mary M. Mitchell, at Seaford Delaware, by J. W. Webster; that she had \_\_\_\_\_ been previously married, that he had \_\_\_\_\_ been previously married;  
 If there was a prior marriage of either the name and the date and place of death or divorce of the former consort, or consorts, should be stated)  
First time to J. W. Webster in 1866 Second time to E. H. McLean

That neither she nor said soldier was ever married otherwise than as stated above.  
 That she was NOT divorced from the soldier (or sailor) and that she has NOT remarried since his death;  
 That the following are the ONLY children OF THE SOLDIER (or sailor) who are now living and are under sixteen years of age: (If he left no children under sixteen years of age, the claimant should so state)  
Seyo Bowden, born August 11th, 1912, at Seaford Delaware  
 \_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_, at \_\_\_\_\_  
 \_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_, at \_\_\_\_\_  
 \_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_, at \_\_\_\_\_  
 \_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_, at \_\_\_\_\_  
 \_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_, at \_\_\_\_\_

That she did not serve in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period.  
 That no member of her family served in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period. (If any members of claimant's family were in the military or naval service during the period mentioned, state the full name under which each such member served, with the designation of the organization in (or vessel on) which such service was rendered, together with the dates of enlistment and discharge. State also whether any such members are dead, and if so, give the names)

That she has never heretofore applied for pension, the number of her former claim being \_\_\_\_\_; that said soldier (or sailor) was \_\_\_\_\_ a pensioner, the number of his pension certificate being 464202

(1) Major B. Lloyd (Signature of first witness)  
Bridgville Delaware (Address of first witness)  
 (2) Francis Lewis (Signature of second witness)  
Bridgville Del (Address of second witness)

Mary M. Bowden (Claimant's signature in full)  
Seaford Delaware (Claimant's address in full)

Subscribed and sworn to before me this 19th day of January, 1931, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words \_\_\_\_\_ crased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

William E. Dimes (Signature)  
Notary Public (Official character)  
Bridgville Del. (Post office address of officer)

Feb. 25, 1931  
accepted as a claim  
for widow pension act  
June 9, 1930 -  
S. J. Robinson, Chief Widows

Validity accepted  
 as to execution  
 Chief, Record Division

Act of May 1, 1920

## DECLARATION FOR WIDOW'S PENSION

Number

4642000

Claimant

J. H. B. B. B.

Soldier

J. H. B. B. B.

Service

J. H. B. B. B.

GOVERNMENT PRINTING OFFICE

## ACT OF MAY 1, 1920

Under the provisions of the Act of May 1, 1920, the widow of any person who served in the Army, Navy, or Marine Corps during the Civil War for ninety days or more, and was honorably discharged, or regardless of the length of service was discharged for or died in service of a disability incurred in the service in line of duty, may be entitled to pension, without regard to her financial condition, provided she was married to him prior to June 27, 1905. The rate of pension is \$30 per month, and \$6 additional for each of his children under the age of 16 years. Pension commences from the date of filing a valid declaration in the bureau.

The act of July 3, 1926, increases the rate to \$50 per month only in the event that the widow was the wife of the soldier, sailor, or marine during the period of his service in the Civil War.

"That no claim agent or attorney or other person shall be recognized in the adjustment of claims under this Act, except in claims for original pension, and in such cases no more than the sum of \$10 shall be allowed for services in preparing, presenting, or prosecuting any such claim, which sum shall be payable only on the order of the Commissioner of Pensions; and any person who shall violate any of the provisions of this section, or shall wrongfully withhold from the pensioner or claimant the whole or any part of a pension allowed or due to such pensioner or claimant under this Act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall, for each and every offense, be fined not exceeding \$500 or be imprisoned not exceeding one year, or both, in the discretion of the court."

## INSTRUCTIONS—READ CAREFULLY

Declaration and testimony must be executed before some officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

Under the law, a person may not receive pension from the Bureau of Pensions and compensation or vocational training pay through the United States Veterans' Bureau, covering the same period of time, except that the receipt of compensation by a widow, child, or parent on account of the death of any person will not bar the payment of pension on account of the death of any other person.

That part of the declaration referring to service between April 6, 1917, and July 2, 1921, should show whether the claimant or any member of her family rendered any service in the Army, Navy, Marine Corps, or Coast Guard of the United States during said period, and if so, the full name under which each served should be stated, together with the designation of the organization in (or the vessel on) which such service was rendered with dates of enlistment and discharge.

The term "family" includes: Child, legally adopted child, stepchild, father, mother, stepfather, stepmother, father and mother through adoption, and person who has stood in place of parent for a period of not less than one year prior to induction into service.



Widow Division

W.D. 1243187

James P. Bowden

K.B. Del. Inf.

Seaford Dela

Feb. 28. 1931

Sir -

X ~~Widow~~ In reply to your letter  
You asked me to state  
the reason I said no to  
the question as - That she has  
— heretofore applied for  
Pensions, Is Because I  
actily though I was applying  
for James P. Bowden's bounty.

Due him at his death for  
that is what I received I  
though I would get my Pension  
right on form Date but did  
not or no number as he did  
"So I thought that way and

said no, and again some  
time ago I saw I was not  
going to get anything if some  
thing farther was not done.  
So I had some papers filled  
and they got lost, and this  
is the first time I ever  
had a number of my own,  
as I know of so I want  
you to plainly see I did  
not say it for a lie

Yours Truly.

Mary M. Bowden  
Route 1. Box 126  
Seaford Delaware

ACT OF MAY 1, 1920.

## WIDOW'S PENSION.

Claimant

Mary M. Bowden

P. O.

Route 1, Box 126

Seaford

County

State

Delaware

Soldier  
Sailor

James P. Bowden

Service

Private

(Rank.)

K

(Co.)

6 Delaware Inf

(Regiment—Ship.)

Rate, \$..... per month, commencing

and \$..... per month ..... additional for each child.  
as follows:

All pension to terminate ....., 1....., date of .....

Payments on all former certificates covering any portion of same time to be deducted.

Oliver Bowden

Born August 11, 1912

Sixteen

Commencing

Born

Sixteen

Commencing

Born

Sixteen

Commencing

Born

Sixteen

Commencing

Born

Sixteen

Commencing

Born

Sixteen

Commencing

Born

Sixteen

Commencing

Born

Sixteen

Commencing

Born

Sixteen

Commencing

Mr. RECOGNIZED ATTORNEY.

REJECTED

May 24/26 J.S.

Name

Fee, \$.....

P. O.

## APPROVALS.

Submitted for rejection April 29, 1926;

Soldier not in service 90 days

Jno. J. J. J., Examiner.

Approved for rejection on the ground that soldier's service did not cover a period of ninety days during the civil war nor was he discharged on account of disability incurred in service in line of duty as shown by report from records of War Dept.

May 4, 1926, P.M. Riffel

Reviewer.

The soldier was pensioned at \$ 50.00 per month under general law

Enlisted

November 20, 1862

Discharged

August 23, 1863

Reenlisted

1.....

Discharged

1.....

Invalid claim filed

June 28, 1866

Died

April 24, 1925

Widow's claim filed

March 16, 1926

Cl't's app'n under other laws

1.....

Former marriage of soldier

1.....

Death

Divorce

of former wife

1.....

Former marriage of claimant

1.....

Death

Divorce

of former husband

1.....

Cl't's marriage to soldier

Sept 29, 1891

Cl't not remarried

1.....

Claimant does write.

M. C.



MWC

3-2002

Widow Division

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS  
WASHINGTON

Wid. O. No. 1243187

Mary M. Bowden  
James P. Bowden  
K 6 Del. Inf.

April 2, 1926.

Mrs. Mary M. Bowden  
R. R. 1, Box 126  
Seaford  
Delaware.

Madam:

You are requested to answer each of the questions enumerated below. It is desirable to have on file in every claim for pension a full and complete statement of all military or naval services rendered, especially in the World War, not only by the applicant for pension himself but also by any member of the applicant's immediate family. Use the inclosed envelope which requires no stamp.

*Winfield Scott*  
Winfield Scott  
Commissioner.

1. Did you or any member of your family serve in the Army, Navy, or Marine Corps of the United States between April 6, 1917, and July 2, 1921? If so, state the name under, the designation of the organization in (or the names of the vessels on) which such service was rendered, with dates or approximate dates of enlistment and discharge.

Answer: *No one*

2. If a member of your family rendered such service, is such member living or dead? Answer: *None*

3. If you rendered such service, are you in receipt of, or have you ever applied for compensation or training pay thru the Veterans' Bureau? If so, give the number of the claim used by the Veterans' Bureau.

Answer: *None*

4. If a member of your family rendered such service and is deceased are you in receipt of or have you ever applied for compensation thru the Veterans' Bureau on account of such service and death? If so, give the number of the claim used by the Veterans' Bureau.

Answer: *None*

*Mary M. Bowden*  
(Signature)

*Seaford Delaware*  
(Address)

RECEIVED  
APR 14 1926  
PENDING FILES

3-173.

Eastern

Div.

Lett. No. 464202

James P. Bowden,  
Co. H, 6<sup>th</sup> Reg't Del. Vol. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., January 19, 1899

Sir:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

C. H. Hays

Commissioner.

Mr. James P. Bowden,  
Sycamore,  
Sussex Co., Del.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: Yes, Mary M. Bowden; Mary M. Mitchell

No. 2. When, where, and by whom were you married? Answer:

Oct 1, 1891; Whitewick, Del.; Rev. Webster

No. 3. What record of marriage exists? Answer:

Witnesses - Larry White  
Edison L. Lunsford & Isaac Bowden & others.

No. 4. Were you previously married? If so, please state the name of your former wife and the

date and place of her death or divorce. Answer: Yes, twice, first wife's name Lou

Jane Littleton, died 1871 near Whitewick, Del. Second wife's name Sarah E. Bowden, died Sept. 1, 1886, Lower road, Del.

No. 5. Have you any children living? If so, please state their names and the dates of their

birth. Answer: Yes, Benjamin B. Bowden - Dec. 14, 1868.

Isaac M. Bowden April 14, 1879

George E. Bowden April 23, 1882

Lemuel H. Bowden Jan. 8, 1886

Lucinda Bowden April 1, 1894

Charles J. Bowden Dec. 20, 1897

Date of reply, March 22, 1899.

His  
James P. Bowden  
(Signature.)  
mark

Jan. 4/27. Hon. Robt. G. Houston,  
Adv. why rejection of widow's  
claim was proper, and the law  
under which soldier was pen-  
sioned. JHD - Wid. Div.

3-852  
**REJECTED**

Ex'r.

DEPENDENT.

No.

1243187

Act of ACT OF MAY 1, 1920

Clmt

Notified MAR 20 1926 WAB, 19

G-1350

April 2, 1926- Elt. (Let and Circ  
Questionnaire- Death; marriage;  
more than two prior marriages  
soldier; deaths former wives  
Lovey and Sarah E.; any div. and

Feb. 5 1927 Letter to widow  
explaining why no att  
to widow's pension, as  
previously advised  
MKK

Feb. 26/31. Clmt. for a statement  
re any prior mar. of herself &  
re prior claim; also if or  
evidence as to any remar.  
For wid. div.

Mary M. Bowden  
R. F. D. Rt. 1, Box 126,  
Seaford, Del.

Widow  
James P. Bowden

Service K, 6 Del. Inf.

Died April 24, 1925, Cannon, Del.

new other claim. L. H. M.  
I. C. 464202

Mar 20, 1926

WAB  
Clerk.

Application filed:

Mar. 16, 1926

Attorney: none

P. O.

Cert. of Dis. Searched for , 19

cohab.

MWC

Wid. Div.

april 24 26 to clmt  
letter of chief  
probation officer  
JTB

May 24/26

2 clear statement  
cause of rejection  
JTB

June 7/26 Clmt again advised  
of the grounds of rejection of her  
claim & that the accrued was allowed.  
ELW.

Aug 6 - 1926 - Letter from the Bu  
of July 1 - 1926 covers the  
questions of letters of  
June 15 - 1926

Nov. 13/26 Hon. Robt. G. Houston advis-  
ed of cause of rejection of claim.  
VLA Wid. Div.

PENDING FILES

MAR 22 1926

RECEIVED



# AMERICAN RED CROSS



## DELAWARE CHAPTER

911 DELAWARE AVENUE  
WILMINGTON, DEL.

March 15, 1926.

Re: Widow Division,  
I. C. 464202  
James P. Bowden  
K 6, Delaware Inf.

Mr. E. W. Morgan,  
Acting Commissioner,  
U.S. Department of the Interior,  
Bureau of Pensions,  
Washington, D. C.

My dear Mr. Morgan:

We are enclosing for Mrs. Bowden her application for widow's pension.

If there are any other papers necessary for Mrs. Bowden to get, will you please let us know?

Sincerely yours,

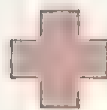
Marjorie Earp, Secretary,  
Red Cross Home Service.

ME:S

U  
MAR 16 1926



# AMERICAN RED CROSS



DELAWARE CHAPTER

911 DELAWARE AVENUE  
WILMINGTON, DEL.

February 8, 1926.

Re: James P. Bowden, deceased,  
Co.K, 6th Delaware Regiment,  
Civil War.

Bureau of Pensions,  
Washington, D. C.

*J. B. 464202*

Dear Sirs:

We have been asked to assist Mrs. Mary M. Bowden, widow of the above-named Civil War veteran, to file claim for a pension. It seems that about six months ago some one else prepared the papers for her, and then lost them all, including Mr. Bowden's discharge certificate and other data.

Mr. Bowden died April 24, 1925, and at the time of his death was receiving a pension of \$50 a month from the Civil War.

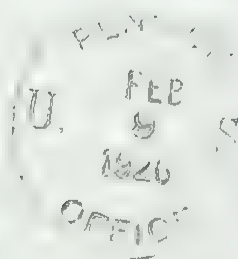
Will you please send us the proper blanks to fill out again, and also give us information as to whether or not it will be necessary to apply for certificate in lieu of lost discharge? The present wife has no data about his service record except that given above. She is very much in need, and has a son thirteen years old. She earns a meager living, but has had a hard time to get along since her husband's death.

Sincerely yours,

*Marjorie Earp*

Marjorie Earp, Secretary,  
Red Cross Home Service.

ME:S



37-572  
Widow Division

W.O. 1,243,187 Seaford Delaware  
K.b. Del. Inf. Sept. 24, 1926

Form JC 464622

Mrs Mary M Bonden  
Widow of Mr J.P. Bonden  
and he has been dead one  
year and five months  
I have not got any help  
at all and it is all I can  
do to live I have got no  
money and poor health  
and seem if all cry to  
work right aginse me  
but that is all but is  
wok sup. above the  
hard is the one, I  
know that he will when  
no one else won't and



and no one can not  
trip him, Mr James P  
Borden was getting a pension  
I don't see why I can't get it  
I sent in my application  
May 6<sup>th</sup> 1925 and received  
a paper bag to fill out  
and it remained at Mr  
Phillips to September the  
14<sup>th</sup> 1 year 10 days Mrs Sudder  
went and got the papers from  
Squier Phillips I don't feel  
that he did justice by me  
By letting them have  
my papers with out my

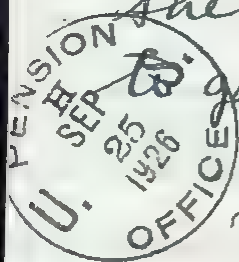
word and I don't know who  
would to think and my  
husband certificate with it  
the papers that you sent  
to fill out and got the witnesses  
all right these persons as it  
is in give Lesie T. Bowden  
His wife Mary C. Bowden.  
Lesie T Bowden is James O  
Bowden's ~~brought~~ Brother.  
I thought I was getting along  
fine waiting for news from  
you and come to find  
out my papers was at  
Bridgeville Delaware at

at Charles Lewis's and I did  
not know no other with out  
they were at the brew until  
I had walked four miles  
and see Mr Phillips and  
he said he had let them go  
so I was asking for them  
some time is first of June  
1926 and Mr Val Lewis had  
lost them the arpetor at  
Common's Delaware He  
would not tell me but  
I still got his certificate no  
~~2264~~ 2264, 202 I have got  
the paper to tell & I can  
prove the marriage to any



copy for the record is at  
Levys Delaware Therest.  
1891 1<sup>st</sup> day Joab W Waster  
minister at ~~Delaware~~ Dela<sup>nd</sup>  
married as I would had  
it before now but I have  
not got no way of going  
any where, It was put  
in Miss Mayorie Cargers  
hand at 911 Delaware Avenue  
Wilmington Delaware  
Executive Secretary Red Cross  
she did not have any no  
copy.

Sincerely yours  
Mary M Bowden



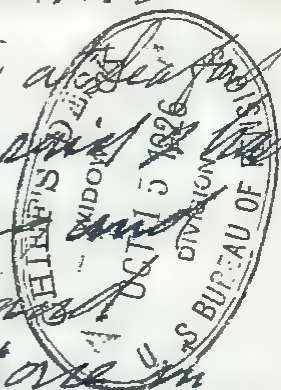
Widow Division  
W.O. 1243187

James P. Borden  
K.6. Del. Inf.

Seaford Dela  
Oct. 12, 1926

Sir

I sent in a application  
May 6, 1925 Mr Brown  
notified me that my checks  
had come and was at the  
post office for James P. Borden  
and he had ceased. Mr  
C. Willey Post master at Seaford  
Delaware told me since I had  
no business sending any  
application but I must  
signe Phillips sent one in  
right away I thought that  
was far enough noticed  
that Mary M. Borden was  
James P. Borden's widow  
and I also got his



his payment that was  
due him \$35.00 May, 16/1926  
why not that enough prove  
and Squire Phillips cashed  
the check and it all right  
and honest now why can't  
you send the money that  
belongs to me in payment  
just the same that you  
did Mr James P Brouder  
I got the card that the  
was allowed March 16,  
1926 why not you sent  
it on the papers that I  
received and I was entitled  
to it. Here is the number

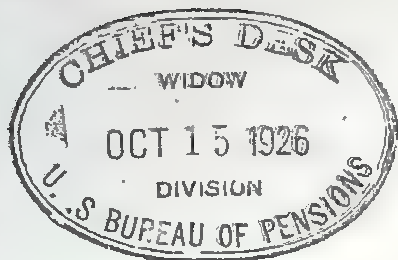
Widow Division

W.O. 1443187

James P. Brouder

K.6. Feb. 2nd

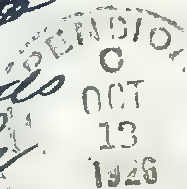




If he was discharged on the account of disability incurred in the service in the line of duty as shown by a report from the war department that my pension was allowed it was proved by Dr H M Manning MD Sanford Delaware.

tended him 2 years 5 mos. he died April 24. 1926

B B Bowden Jr  
P Bowden Son said he his father drawn a pension why was I not entitled to it He was not getting



under the new law He began  
drawing it 1888 under the  
gentle law 1920 he allowed  
his increase when he got  
his first payment was  
Sept. 16. 1920 I am sure.  
Bless his widow and  
poor woman at that

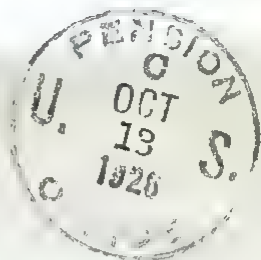
I am not able to work  
out my living when ever  
you go hounding a man  
at his weight.

I have one certificate  
no 464,202 I have papers  
been kept ever since 1890  
We were married 1891  
Oct. 1. day Just to think  
how he has ~~run~~ the  
rest of his life for his  
country

and so did I from the  
rust of my life for  
my country many a  
time I have seen him  
suffering in during the  
25 years He had bad  
spells of vertigo and  
disease of heart Why  
is it that I have not  
heard from you  
Since Manning sent  
his application in  
November return Mail

Mary W. Boucker  
Seaford Delaware  
Route 1. Box 126







Sir:

Did you or not received  
a statement from Dr. H.

H. Manning on Aug. 14/1926  
about the record of James P  
Bowden. You stated in the  
letter that is what you  
wanted. incurred of his  
death. also the sworn of  
James H. Phillips, Seaford  
Delaware Justice of Peace

D. No. 464202 K 6 Leal Inf  
Ibid. O. 1243187 Jlex

I would like to hear from  
you soon. I know that both  
cannot receive a pension  
He can not for his is dead  
I am his widow.

Mary M. Bowden

Seaford Delaware

I want to hear on return  
mail. As bad as I am  
suffering for it I out not  
have to go through it

Yours

M M Bowden



*D.*

*Er.*

8-416

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

*Indians*

Division

*Feb. 26*, 1931,

*N. C.* No., *1243187*

Claimant,

Soldier,

*Bowden*

*To Chief Record Division*

*For recording and  
jacketing claim under  
Act June 9, 1930.*

*J. Williams*

*F. J. R. Lineart*

*Chief Indian Division*

F. Williams

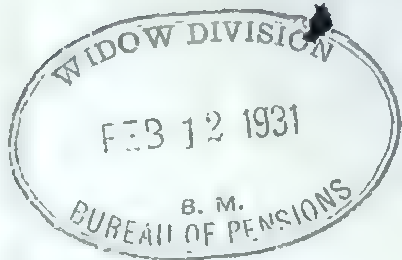
N.O. 1243187

Mary M Bowden

Widow of

James P. Bowden

Co. K, 6<sup>th</sup> Regt. Del. Inf.



Seaford Dela.,  
Feb, 10, 1931

Sirs -

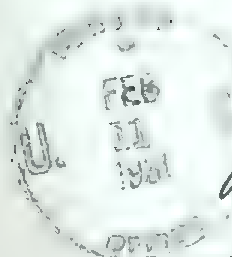
We received the Card  
alright and the information  
thereon I hope the Claim  
will soon be over.

And Hoping for and  
early reply.

I remain

Yours Truly

Mary M. Bowden  
Route 1. Box 126  
Seaford Dela.



~~H. H. Miller~~

Collins

TRIED PERIOD

3-1638

INCREASE

Cert. No.

464 202

James P. Bowden

P. O.,

County,

State,

Application filed

May 6, 1925.

Service,

H. B. Del. Inf.

May 23-1925 - Claimant

death - merge - non pm.

claimant - death of former

wives - but two pmrgs.

pol. what from merge and

non dis. name under which

Cr. P. O. add. married wid. Div. H. H. M.

August 8 - 1925.

Chmk. death - merge - non pm. clmt

death of former wives - what from

merge & non dis. name under

Attorney, which married Sent Blank dead

P. O., Feb. 15, 1926 wid. Div. H. H. M.

Clt-Above call repeated; blank County appl. May 1, 1920 Sent widow.

Clts. post office address.

MWC Wid. Div.

P. L.

*Southern* S. E. D.No. *578358*Name: *James P. Bowden*P. O. address: *Laurel*County: *Sussex* State: *Del.*Recommendation: *Admit.**J. C. O'Connell*  
Special Examiner.

REFERENCE.

, 188 .

Chief S. E. Division.

RECOMMENDATION.

, 188 .

Reviewer.

Approved: .....

Chief Board of Review.

ACTION.

, 188

Chief S. E. Division.

Examination: .

OCT 31 1889  
SP2 FVN



## DEPOSITION C

Case of James P. Bowden No. 578358

On this 29 day of Oct- 1889, at  
 Mission, County of Sussex,  
 State of Del., before me, J. P. Cornell, a  
 Special Examiner of the Pension Office, personally appeared Peter Hitchens  
 who, being by me first duly sworn to answer  
 truly all interrogatories propounded to him during this Special Examination of aforesaid  
 pension claim, deposes and says: I was 68 years old the  
 14 of April last

A farmer  
 P. O. Mission, Del.  
 I have known James P. Bowden  
 ever since he was a boy.

I knew him because he was  
 in the neighborhood close to where  
 I lived.

He stood on the same place  
 in the any where I was.

He was in Co K 6  
 Del. Vols

He was always down  
 where I lived. I don't know  
 he had looseness. had to go pretty  
 often

Q Are you sure of that?  
 A Well he were one I don't know  
 if he done anything or not. I want  
 to visit him to look

He complained of being some  
 75 years old. It must have been  
 Rheumatism

It was at Dinner Run near Balto.  
 that was when he was complaining  
 of the looseness.

I came home

from the any with him  
I don't know if he had it  
coming home. He had it then.  
When a man goes out to do  
his business I never follow  
them.

He'd near him after we  
came home a year or two  
with him or three miles;  
see him right often.

I don't know if he had it  
the trouble with his bowels  
since the war.

He was croaking about the  
time he is dead. As yet  
I never hear him say what  
he complains of.

He can't work. Well  
I never hear him - able to work as  
well since the war as he did  
before.

I understand your  
questions and my answers are  
correctly recorded.

Attest Peter X Hetchins  
J. C. O'Connell  
N. P. Johnson

(over.)

Deponent.

Sworn to and subscribed before me this 29 day of Oct.,  
1889, and I certify that the contents were fully made known to deponent before signing.

J. C. O'Connell  
Special Examiner.

## DEPOSITION

Case of James O. Bowden, No. 578308

On this

Day of

188

at

County of San Diego

State of

before me,

a

Special Examiner of the Pension Office, personally appeared

, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: I was at T.T. Bell.

Q. Did he ever have a sinus stroke?  
A. Well he fell. I don't know  
if he was a sinus stroke or not  
It was in August 1863  
at T.T. Bell's camp

He was on guard, and,  
when he fell.

I didn't have the diagnosis at  
T.T. Bell. I don't know it.

I was sinus stroke and was  
not much with him.

(I was a witness for him.)  
[Examiner reads applicant's former  
affidavit.]

Q. You say true that he has had <sup>bad</sup> bowels  
since the war?

A. Somebody put that in, not my say so.  
I don't know what kind of  
bowels he has since the war.

They put that down in that paper  
themselves that he had the

diagnosis at T.T. Bell.

I don't know if he had it there.  
It's at Beck River or

Stroms River. I guess



noticed it. whether it  
struck him or not  
I don't know  
allert Peter & Helchins  
J. C. Connel  
N. P. Johnson

Deponent.

Sworn to and subscribed before me this 29 day of Oct.,  
1889, and I certify that the contents were fully made known to deponent before signing.

J. C. Connel  
Special Examiner.



## DEPOSITION

13

Case of James P. Bowden, No. 578358On this 29 day of Oct, 1889, atMissionCounty of DelawareState of Del, before me, J. P. Cunnell, aSpecial Examiner of the Pension Office, personally appeared Samuel Mitchell

who, being by me first duly sworn to answer

truly all interrogatories propounded to him during this Special Examination of aforesaid

pension claim, deposes and says: I am an 8<sup>th</sup> YearA FarmerP. O. Mission Del.James P. Bowden wasin my Co. H. 6 Del. VolsI knew him before the warand I have known himever since the warI expect he lives aboutfour or five miles fromme. I was at Ft. DelawareI don't remember of anythingbeing the matter with himI don't remember that he waseven sick or feeblethe day we were atwhere they call the BackRiver close to Baltimoreand he even had theloosening of the bowels orthe Rheumatism?If he had it more thanI knowIf I ever made anaffidavit for Bowden I don'tremember. I don't remember

like I used to.

Q (Examiner reads deponent's former affidavit)

A I don't remember anything about that. I might have made it but I don't remember it.

I guess I must have done it or I wouldn't have been there.

Q Was he ever talking to you about his pension?

A One time, that he would like to get it.

I understand your questions & my answers are correctly recorded.

Attest:

Samuel K. Mitchell  
J. P. Johnson

Deponent.

Sworn to and subscribed before me this 29 day of October, 1889; and I certify that the contents were fully made known to deponent before signing.

J. P. Cornell

Special Examiner.

DEPOSITION *A*Case of *James P Bowden*, No. *578358*

On this *24* day of *Oct*, 188*9*, at  
*Daphoro*, County of *Sussex*  
 State of *Del*, before me, *J C Cornell*, a  
 Special Examiner of the Pension Office, personally appeared *Volthamie H. Phillips*  
 who, being by me first duly sworn to answer  
 truly all interrogatories propounded to him during this Special Examination of aforesaid  
 pension claim, deposes and says: *I am 56 years of age*  
*A farmer*

*P.O. Daphoro. Del.*  
*I was in Co. K. / 6. Del. and*  
*in Co. Co. C. 9 Del. Vol.*  
*I remember James P. Bowden*  
*He had a spell of sickness*  
*in the Summer of 1862 I think*  
*at Fort Del. That was the*  
*time he was off duty awhile.*  
*He called it a stroke*  
*He said that from the an-*  
*stroke he had a pain in*  
*the back and head.*

*I don't remember about*  
*Quarantone or measles.*

*I don't think he had either*  
*I have not been with him*  
*so much since the war*  
*I saw him last year. and he*  
*said he never was well*  
*since he came out of*  
*the service.*

*Q Do you remember if he had the ples?*  
*A I heard him complain of ples*  
*in the service.*  
*I heard him complain*



of then last August a year  
That's my handwriting.  
I don't know anythg about his  
business. He worked for my uncle  
and I worked there the same  
time.

I wouldn't give his half  
ways.

It was in August  
several years ago that he  
worked for my uncle and was  
complaining of his head and  
back.

I understand your questions  
and your answers are correctly  
repeated.

Nathaniel B. Phillips

Deponent.

Sworn to and subscribed before me this 24 day of Oct  
1889, and I certify that the contents were fully made known to deponent before signing.

J. C. O'Connell

Special Examiner.



No. 548358.

James D. Bowden

Dev. Co. K 6 sec. Vols.

P. O. Samuel Lusk & Co. sec.

Basis. Credibility and means of  
information of witnesses.

Notice, waived.

Georgetown. Del.

Oct. 30 1889.

Hon. Commissioner  
of Pensions.

Sir:

I herewith  
return the papers in the above  
entitled claim which were  
forwarded to me to determine  
the credibility and means of  
information of certain witnesses.

The whereabouts of original  
witness, Shelly Shockley,  
I couldn't ascertain.

I do not deem his

care of —  
Wm. H. Rodney

Pp 2

Pge. 3

testimony of much importance  
His Character I have  
been informed is unreliable

In View of the testimony  
I am of the Opinion that the  
Plan is meritorious and  
recommend that it be  
allowed.

I am Sir,

Very respectfully,

J. C. D. Connel  
Sp Examiner

# INDEX

## TO SPECIAL EXAMINER'S REPORT.

Claim of James P. Bowden No. 578358

PAGES.	NAMES OF WITNESSES, ETC.	Exhibits.	Depositions.	REPUTATION.
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	Notice to claimant			
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4.. 5	Nathaniel H. Phillips	11	A.	Good
6.. 7	Samuel Mitchell	9	B	Good
8.. 11	Peter Hitchens	8	C	Good

Ope 1

[3-216 a.]

Bornarth Ex'r,  
Inv. Gen. No. 464,202

Act of June 27, 1890.

James P. Bowden  
P.O. Box 196. Laurel

Del.  
Service: N. 6" Del. Inf.

Enlisted: Nov 28", 1862

Discharged: Aug 23", 1863

Application filed: July 9", 1890

Alleges: Chas. Deane. Sunstroke!

Any other Claim filed: 464202

Numerical No. 33657  
116

Attorney:

P. O.

J. H. Glenner  
Washington  
D.C.

Recognized.

Contract.

Cert. of Dis. Searched for.

18



Ad 9- 29 1901 No 2  
Nov. 24-90 for admission-  
ME.

N. H.

Vt.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

~~Clayton~~ [3-216.] 305

~~Wm~~ Ex'r. INVALID.

Scott No. 575

Acts of July 14, 1862, and March 3, 1873.

Genl G. F. Frazier,  
P. O. ~~Wilmington~~

~~Wilmington~~ Wm. H. Co., Del.  
Service: Post "H" 6 Dec 91

Enlisted: Nov 20, 1862

Discharged: Aug 23, 1863

Application filed: June 28, 1886

Alleges: Dysentery, effects of  
dysentery, & Malaria.

Re-enlisted: Jan 24, 1886

Attorney: J. W. Farmer & Co.

P. O. City

ATTY FILED

Recognized. Contract.

Cert. of Dis. Searched for, 18

ME. July 22.86 - AG - Origin  
R. S. Cont. Cir 62. 2 pgs.

N. H. Dover  
July 24.86 - AG. to verify 2 shws  
in Ct of Humberston for Cir 62 & 2 vol.

W. M. A. Musin from  
Jan'y 7/87 attys J. W. Fleener & Co

att. should file his own affidavit  
setting forth name & nature  
of disabilities or disabilities where he  
claims result of sun. stroke & measles.

VT. April 19/87 attys J. W. Fleener & Co  
awaits call made Jan'y 7/87  
all failed to state nature  
nature of disorders or disabilities -  
MASS. for which he claims results  
of sun. stroke & measles,

R. I.  
Nov. 7/89. To Fleener & Co. by  
Ba. Dover, Del.

CONN.

N. Y.

N. J.

DEL.

Under Act June 21, 1890,  
(3-217.)

INCREASE. *S.*

Claim to

*Inc.*

No. *464202*

*Gas. O. Bowden*  
*P. O., Laurel*

County,

*Sussex*

State,

*Del.*

Application filed, *Oct. 5* .18*91*

State Service:

*Oct. 5 Del. Inf*

*Sept. 9/92 Bowden - Del.*

Disability,

*Ariz. & add.*

Attorney,

*J. H. Flenner*  
*City*

P. O.,

County,

*T.* State,



1990

Widow Division  
I.C. 464,202  
James P. Bowden  
K-6 Del.Inf.

May 23, 1925.

Mrs. Mary M. Bowden,  
C/o James K. Phillips, Justice of the Peace,  
Seaford, Delaware.

Sir:

Your claim for the accrued pension due the soldier at the date of his death, amounting to about \$42, requires, in addition to the evidence indicated in the accompanying circular letter, your statement showing your correct post office address, including the name of street and number of residence if in the city, or number of rural route if in the country, not in care of another person.

Respectfully,

Wilder S. Metcalf  
Commissioner.

HMM/dd

Widow Division  
I.C. 464,202  
James P. Bowden  
K, 6th Del. Inf.

August 18, 1925.

Mrs. Mary M. Bowden,  
R.R. #1, Box 126,  
Seaford, Delaware.

Madam:

In response to your letter of July 15, 1925, relative to the above entitled claim for the accrued pension due the soldier at the date of his death, amounting to about \$33, I have to advise you that it requires the evidence indicated in the accompanying circular letter, as called for May 20, 1925, in a communication addressed to you in care of James K. Phillips, Justice of the Peace, Seaford, Delaware.

If you were married to the soldier prior to June 27, 1905, you may have title to pension as his widow and there is enclosed herewith, a blank declaration under the Act of May 1, 1920, which you are at liberty to fill in, execute and return to this Bureau, when you will be advised of any further requirements.

Respectfully,

Winfield Scott,  
Commissioner.

HM1/EJA.

Widow Division  
I. C. 464202  
James P. Bowden  
K 6 Del. Inf.

February 15, 1926.

Mrs. Mary M. Bowden  
c/o Marjorie Earp, Secty.  
Red Cross Service  
911 Delaware Avenue  
Wilmington, Delaware.

Madam:

In response to communication of Marjorie Earp, relative to your above cited claim, I have to advise you that it requires the evidence indicated in the accompanying circular letter; also your statement, over your signature, showing your present post office address, including the name of the street and number of residence, in in the city, or number of rural route if in the country and not in care of another person.

It appears that you may have title to pension under act of May 1, 1920, under which act pension, if allowed, commences from the date of filing a valid declaration thereunder. A blank form under said act is herewith inclosed for your use, which you are at liberty to execute and file in this Bureau and when it is received, you will be fully advised of the evidence necessary to complete the claim. It does not appear that it will be necessary for you to file any discharge certificate of the soldier.

Respectfully,

2 Incls.  
MWC

E. W. Morgan  
Acting Commissioner.



Widow Division  
W.O. 3187  
James P. Bowden  
K 6 Del. Inf.

April 2, 1926.

Mrs. Mary M. Bowden  
R. R. 1, Box 126  
Seaford  
Delaware.

Madam:

In response to communication of Marjorie Earp, Secretary, Red Cross Home Service, Wilmington, Delaware, with which she filed application in your above cited claim for pension, I have to advise you that it now requires the evidence indicated in the accompanying circular letter.

Your claim for the accrued pension due at date of the soldier's death will be considered in connection with your claim for widow pension under act of May 1, 1920.

Respectfully,

Winfield Scott  
Commissioner.

MWC

Widow Division /  
W.O. 1243187  
James P. Bowden  
K.6th Del.Inf.

April 22, 1926.

Mrs. Mary M. Bowden,  
R.F.D.1, Box 126,  
Seaford, Delaware.

Madam:

Your above-entitled claim for pension under the act of May 1, 1920, requires the best obtainable evidence showing the date of birth of the child, Oliver, for whom pension is claimed, and also the testimony of two witnesses having personal knowledge of the fact showing whether the child is living.

Persons testifying should state their ages, post-office addresses, and means of knowledge of the facts to which they testify.

Do not fail to inscribe on each paper furnished the name and service of the soldier and the number of the claim to which it relates.

Respectfully,

JTS-cjh

WINFIELD SCOTT  
Commissioner.

Widow Division.  
W.O. 1243187  
James P. Bowden  
K, 6 Del Inf.

May 24, 1926

Mrs. Mary M. Bowden  
R.R. 1, Box 126  
Seaford, Delaware

Madam:

Your above cited claim for pension under the Act of May 1, 1920, filed March 16, 1926 is rejected on the ground that the soldier's service did not cover a period of ninety days during the Civil War nor was he discharged on account of disability incurred in service in line of duty as shown by a report from the records of the WarDepartment.

Your claim for the accrued pension due the soldier from the date of last payment to the date of his death has been allowed you.

Respectfully,

JTS/kk

Winfield Scott  
Commissioner

Widow Division  
W.O. 1243187  
James P. Bowden  
K, 6 Del. Inf.

June 7, 1926

Mrs. Mary M. Bowden  
R.R. 1, Box 126  
Seaford, Delaware

Madam:

In response to your letter of May 25, 1926, I have to advise you that you were informed by letter dated May 24, 1926, that your claim was rejected on the ground that the soldier's service did not cover a period of ninety days during the Civil War nor was he discharged on account of disability ~~occurred~~ in service in line of duty, as shown by a report from the War Department.

An order was issued payable to you on May 6, 1926, for the soldier's pension accrued at the date of his death.

Respectfully,

EW/kk

Winfield Scott  
Commissioner



Widow Division  
W.O. 1,243,187  
James P Bowden  
K 6 Inf. Inf.

July 1, 1926.

*M*  
Mrs. Mary A. Bowden,  
Rural Route 1, Box 126,  
Seaford, Delaware.

M a d a m :

Replying to your letter I have to advise you that the report from the War Department shows that the soldier was not in the service ninety days; therefore, the rejection of your claim on that ground was proper. His name was dropped from the rolls under the Act of June 27, 1890, on the ground that he did not render ninety days' service; and he was pensioned under the General Law for disabilities incurred in service in line of duty. The General Law does not require that a service of ninety days must have been rendered.

To be entitled to widow's pension under the General Law, the soldier's death must have resulted from disability incurred in service in line of duty. Mr. Bowden's death is not shown to have been the result of disabilities incurred in service. There appears to have been no error in the rejection of your claim on the ground stated, and I regret that apparently this Bureau is unable to afford you any relief.

Respectfully,

ASH:gem

Winfield Scott  
Commissioner

Widow Division  
W.O. 1,243,187  
Mary M. Bowden  
James P. Bowden  
K, 6th Del. Inf.

August 9, 1926.

Marjorie Earp,  
Executive Secy A.R.C.  
911 Delaware Avenue,  
Wilmington, Del.

Madam:

In response to your letter of recent date in behalf of Mrs. Mary M. Bowden, I have to advise you that her claim for pension under the Act of May 1, 1920, filed March 16, 1926, was rejected May 27, 1926, of which she was so advised.

The copy of the Act of May 1, 1920, is herewith enclosed.

Respectfully,

Winfield Scott,  
Commissioner.

LBW/EJA.

November 13, 1926.

Hon. Robt. G. Houston  
House of Representatives  
Washington, D. C.

My dear Mr. Houston:

In response to your inquiry relative to the pension claim, W.O.1843,187, Mary M. Bowden, Rural Route # 1, Box 126, Seaford, Delaware, widow of James P. Bowden, Company K, 6th Delaware Infantry, I have to advise you that her claim under the Act of May 1, 1920, filed in this Bureau March 16, 1926, was rejected on the ground that soldier's service did not cover a period of 90 days during the Civil War, nor was he discharged on account of disability incurred in service in line of duty, as shown by a report from the records of the War Department.

Mrs. Bowden was advised of said rejection several times. Regretting that this Bureau is unable to afford Mrs. Bowden relief, I am,

Very truly yours,

VLA Winfield Scott  
Commissioner.

W.O.1,243,187.

For a widow to be entitled to pension under the General Law, it is required that it be shown that the soldier's death was the result of his pensioned disabilities, or otherwise due to his military service. It is shown that the soldier in this case died of chronic myocarditis, which does not appear to have been the result of the disabilities for which he was pensioned.

The rejection of the widow's claim under the Act of May 1, 1920, appears to have been proper, and I regret that this Bureau is apparently unable to afford Mrs. Bowden any relief under existing laws.

Very truly yours,

Winfield Scott,  
Commissioner.

Carbon  
enclosed  
JHD



January 4, 1927.

Hon. Robert G. Houston,  
House of Representatives,  
Washington, D. C.

My dear Mr. Houston:

In response to your letter of recent date, relative to the claim W.O. 1,243,187, of Mary M. Bowden, R.R. #1, Box 126, Seaford, Delaware, widow of James P. Bowden, Co. K, 6th Delaware Infantry, for pension under the Act of May 1, 1920, which was rejected May 24, 1926, on the ground that the soldier's service did not cover a period of ninety days during the Civil War, nor was he discharged on account of disability incurred in service in line of duty, as shown by reports from the War Department, I have to advise you that the Act of May 1, 1920, specifically provides: "That the widow of any person who served in the army, navy or marine corps of the United States during the Civil War for ninety days or more, and was honorably discharged from such service, or regardless of the length of service was discharged for or died in service of a disability incurred in the service and in the line of duty, such widow having been married to such soldier, sailor, or marine prior to the 27th day of June, A.D. 1905, shall be entitled to and shall be paid a pension at the rate of \$30 per month."

A copy of said Act is herewith enclosed.

The soldier was pensioned under the General Law, on account of chronic diarrhoea and resulting piles, and headache and vertigo, result of sunstroke, incurred in the service. Under said law the length of service is immaterial. He continued to draw pension for such disabilities to the time of his death.

Widow Division  
W.O. 1243187  
James P. Bowden  
K.6th Del.Inf.

February 5, 1927.

Mrs. Mary M. Bowden,  
Route 1, Box 26,  
Seaford, Delaware.

Madam:

In response to your recent letter, I have to advise you that your above-entitled claim which was filed March 16, 1926, was rejected May 24, 1926, on the ground of which you were advised on that date and also on June 27, 1926, and July 1, 1926. It does not appear that there is any existing law under which you would be entitled to pension as the widow of the soldier. This bureau can only administer the laws as passed by The Congress and has no power to alter or modify them in any way to give relief in individual cases.

The accrued pension due the soldier at the time of his death was paid by a check drawn to your order for \$35, dated May 12, 1926, and mailed to you on that date to R. H. 1, Box 120, Seaford, Delaware.

Respectfully,

MLK-ojh

WINFIELD SCOTT  
Commissioner.

February 25, 1931.

Mrs. Mary M. Bowden,  
Smyrna, Delaware.

Widow Division  
W. O. 1243137  
James M. Bowden  
E. 6 Del. Inf.

Dear Madam:

In your above cited claim under the Act of June 9, 1920, there is required your statement, under oath, setting forth whether you had been married prior to your marriage to the soldier, as in your claim filed January 20, 1931, you failed to fill in the blank space provided for the purpose of showing whether there had been any prior marriage of yourself.

You should also state why in your claim above noted you stated that you had never heretofore applied for pension, whereas on March 16, 1929, a claim under the Act of May 1, 1920, was filed in your behalf, which claim was rejected on May 24, 1929, on grounds of which you were advised on that date.

There are also required the sworn statements of witnesses who have known you from the date of the soldier's death to the present time, setting forth whether you have remarried during said period.

Very truly yours,

E. W. Morgan,  
Acting Commissioner.

Act June 9, 1930.

8-418

## FILES SLIP

Ac. No. 1,243,187

Bowden

## CHARGE

Record Div.

Feb. 26/31 T. Williams

FEB 26 1931



Ex'r.

DEPENDENT

N.F.W. Notice

1931

19

No.

1243187

Act of

Act June 9, 1930

Mary M. Bowden  
Seaford,  
Delaware

Widow

James P. Bowden

Service

K. 6 Del. Inf.

Died

Apr. 27, 1925 Seaford, Del.

No

other claim.

than

W.O. 1243187

S. C. 464202

Mar

2, 1931

CSB

Clerk.

Application filed:

Jan. 29, 1931.

Attorney:

None.

P. O.

Cert. of Dis. Searched for

19

26. 464202

JAMES K. PHILLIPS  
JUSTICE-OF-THE-PEACE  
NOTARY PUBLIC

16 Dec 1925

State of Delaware 33  
County of Sussex

SEAFORD, DEL., May 5th 1925

On this 5th day of May A.D. 1925, personally appeared before me James K. Phillips a notary public for the State and County aforesaid, Mary M. Bowden who being sworn in due form of law did depose and say that she is the widow of James P. Bowden, that the said James P. Bowden who was a pensioner died on the 24th day of April A.D. 1924, and that she does hereby make application for the pension due him from the date of last payment until the date of death, the said James P. Bowden died leaving no Estate of any kind,

Mary M. Bowden

Sworn to and subscribed before me this 5th day of May A.D. 1925,

James K. Phillips  
notary public

Registration accepted  
under the act of March 2, 1905.  
H. P. Willey,  
Law Clerk

Box 464, 202

740

En

2, 1895

James P. Bourne,  
TC 6 Del Exp



Increase INVALID PENSION.

Cef # 464.202.

Claimant,

James P. Bowden.

P.O.,

Sycamore

County,

Sussex

State,

Delaware

Rank,

Private

Company,

K

Regiment,

6 Del. Vol. Inf.

Rate, \$

per month, commencing

Disabled by

April 3, 1900.

RECOGNIZED ATTORNEY:

Name,

W. W. Dudley & Co.

Fee \$

2

, Agent

to pay.

P.O.,

Washington, D.C.

Articles filed

, 18

APPROVALS:

Submitted for

adm. March 8, 1900.

Approved for

chronic diarrhoea  
and resulting piles, and headache  
Vertigo resulting from stroke

Approved for

chronic diarrhoea  
and resulting piles and  
headache and vertigo results  
of sunstroke

Examiner.

March 14, 1900

John Q. White, Legal Reviewer.

Imman  
Mar 21, 1900

Medical Referee.

Enlisted

Nov. 20, 1862

Discharged

Aug 23, 1863

Last paid to

, at \$

Pensioned from

June 28, 1886, at \$

8

for chronic diarrhoea

Original declaration filed

, 18

; alleged

Arrears allowed from

, 18

, to

, 18

, at \$

PRESENT CLAIM.

Declaration filed

August 25, 1898. Increased disability

from chr. diarr. & res. Piles & headache and vertigo  
results of sunstroke.

signs by mark

EASTERN

No M.C.



## HISTORY OF CLAIM.

Pensioner James P. Bowden, Certificate No. 464 202.  
 1st service, R - 6 Del. Inf. enlisted, Nov 20, 1862; discharged, Aug 28, 1863.  
 2nd service, \_\_\_\_\_ : enlisted, \_\_\_\_\_, 18 : discharged, \_\_\_\_\_, 18

Pensioned from June 28, 1886, at \$ 8 per month for Chronic diarr.  
and resulting Piles, and headache and vertigo  
results of sunstroke.

Add. under the Act of June 24, 1890 at  
\$10 from July 9, 1890 for chr. diarr. and re-  
sulting Piles, headache and vertigo, result  
of sunstroke, and disease of heart.

Renewal under general law at \$8  
from July 9, 1890 for chr. diarrhoea and  
resulting Piles, and headache & vertigo  
res. sunstroke. - ded. all payments under Act June 24, 1890.

Original declaration, Act of July 14, 1862 filed June 28, 1886  
 alleged dysentery, and effects of sunstroke.

Filed May 23, 1890  
alleged increased disability from chr.  
diarr. and resulting Piles, and head-  
ache & vertigo result of sunstroke.

Orig. decla. Act of June 24, 1890 filed  
July 9, 1890 alleged chr. diarr. & res. Piles,  
head & vertigo results of sunstroke.

Filed Oct. 5, 1891  
alleged same, and disease of heart, lact-  
acid and kidney trouble.

# DECLARATION FOR INCREASE AND ADDITIONAL INVALID PENSION.

State of Delaware, County of Sussex, ss:

ON THIS 23<sup>rd</sup> day of August A. D. one thousand eight hundred and ninety-eight

personally appeared before me, a Notary Public within and for the County and State

aforesaid James P. Bowden aged 54 years, a resident of

Sycamore County of Sussex State of

Delaware who, being duly sworn according to law, declares that he is a pensioner of the

United States, enrolled at the Washington Pension Agency at the rate of Eight

dollars per month, under Certificate No. 464202, by reason of disability from Chronic diarrhea

and Resulting in Piles and proctitis Result of

sun stroke and head ache

incurred in the Military service of the United States, while serving as a Private

Co. "K" - 6 - Del. Vol. Inf.

and regiment, if in the army; or rating and name of vessel, if in the navy.

That he believes himself to be entitled to an increase of pension on account of a material

progression of his disability by

reason of pensioned causes since

his present rate of pension was

fixed.

state nature of same and time, place, and circumstances of its origin.

and he hereby appoints, with full power of substitution and revocation,

WM. W. DUDLEY, of Washington, D. C.,

his true and lawful attorney to prosecute his claim.

His post-office address is Sycamore Sussex county

Delaware

John W. Hickman

Joseph S. Littleton

James P. Bowden

mark

Two witnesses who write sign here.

U. S. AUG 25

42 W. E.

ATTY FILED

Also personally appeared *John W Hickman*, residing at *Millsboro Delaware*, and *Joseph S Littleton*, residing at *Shurtley Delmar*, persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, depose and say that they were present and saw *James P Burchen* the claimant, *Mark* his *mark* to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him that he is the identical person he represents himself to be; that they have no interest in this claim, and are not concerned in its prosecution.

1

2

[If either affiant signs by mark, two persons who write sign here.]

*John W Hickman*  
*Joseph S Littleton*  
[Signatures of Affiants.]

Sworn to and subscribed before me this *23rd* day of *August*, A. D. 189*8*.

and I hereby certify that the contents of the foregoing declaration were fully made known and explained to the applicant and witnesses before they made oath to the same, including the words

erased, and the words.

added; and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

*James J Smith*  
[Official Signature.]  
*Notary Public*  
[Official Character.]

[L. S.]

Clerk of the County Court in and for the afore-

said County and State, do hereby certify that, who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing, a

in and for said County and State, duly commissioned and sworn; that all his official

acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this day of , 189.

[L. S.]

Clerk of the

NOTE.—This application should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY the CLERK OF COUNTY COURT must add his certificate as to the official character of the Notary or Justice hereon, and not on a separate slip of paper. If the Notary or Justice has filed his Commission, or duly certified copy thereof, in the Pension Office for general reference, he should add statement to that effect, and the Clerk's certificate will not be required.

107 INV ALID.

CLAIM FOR INCREASE AND ADDITIONAL PENSION.

*James O. Bowdler*  
Co. K. 6- Reg't.  
*Del. Infy*  
Pension Certificate No. *464202*

RECEIVED.

AUG 23 1898

FILED BY  
*Wm. W. Dudley, & Co.*  
Attorney at Law,  
WASHINGTON, D. C.



4641202  
D.L.

(3-145.)

Restoration

# INVALID PENSION.

Claimant,

James P Borden

P.O.,

Laurel

Rank,

1st

County,

Curry

Company,

H

State,

Del

Regiment,

6 Del Vol Inf

Rate, \$

per month, commencing

July 9, 1890

Reduce all payments

Disabled by

## RECOGNIZED ATTORNEY:

Name,

Fee \$ , Agent to pay.

P.O.,

Articles filed , 18

## APPROVALS:

Submitted for

May 31, 1892

Corman

, Examiner.

Approved for

restoration for chr. diarrhea

Approved for

restoration for chronic

and resulting piles & headache & vertigo result of sunstroke, under old law, of no. 469,202 from July 9, 1890. date when sunstroke 8/18.

diarrhoea and resulting piles & headache & vertigo result of

Dropped.

Reduce all payments under said

of Oct June 27, 1890 - No increase claim

pending - May 31, 1892

General Reviewer

17<sup>th</sup>, 1892,

, Medical Referee.



# Declaration for an Original Disability Pension.

Under Act of Congress approved June 27th, 1890.

This must be Executed before a COURT OF RECORD or SOME OFFICER THEREOF having Custody of the Seal.

State of Delaware, County of Sussex, ss:

On this 7th day of July, A. D. one thousand eight hundred and ninety

personally appeared before me a Notary Public for the State

of the Delaware COURT OF RECORD within and for the county and State

aforsaid as P. Bowden aged 61 years, who, being

duly sworn according to law, declares that he is the identical as P. Bowden

who was ENROLLED as a Private on the 20

day of Nov, 1862, in Company R of the 6th Regiment of

Del. Inf. commanded by Elijah Adams

in the war of the Rebellion, and served at least ninety days, and was honorably discharged at

Hammington Del, on the 23 day of Aug, 1863

that he is now unable to earn a support by reason of Chronic Rheumatism

& resulting piles, head & vertigo, the effects of sunstroke

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and

belief permanent. That he has not applied for pension under application No. 464202

That he is a pensioner under certificate No. 464202 for Chr. Rheumatism

& resulting piles & headache & vertigo.

the results of sunstroke

and that he hereby renounces said pension to date from the allowance of a higher rate if granted under

this application. That he has not been employed in the military or naval service

otherwise than stated above.

(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That he has not been in the military or naval service of the United States since the 23

day of Aug, 1863, and that his occupation

has been that of a laborer. That he is now greatly

disabled from obtaining his subsistence by manual labor by reason of the disability above described, and

he therefore makes this declaration for the purpose of obtaining a disability invalid pension under the

Act of Congress of June 27th, 1890. He hereby appoints with full power of substitution and revocation

**J. W. FLENNER, of Washington, D. C.,**

his true and lawful attorney to prosecute his claim. That he has not heretofore

applied for a pension, but his claim has not been allowed, the number of the claim being No. 464202

that his residence is Laurel Del and that his post-office

address is the same Box 196

D. S. Bowden

J. W. Flenner

(Two witnesses who can write, sign here.)

James P. Bowden  
(Signature of Claimant.)

Also personally appeared Francis S. Rodney, residing at Georgetown Del.  
Del. and John D. Magamon, residing at Georgetown Del.  
persons whom I certify to be respectable and entitled to credit, and  
who being by me duly sworn, say that they were present and saw James G. Snowden  
the claimant, sign his name (make his mark) to the foregoing declaration; that they  
have known the claimant for 20 years and 30 years, respectively, and  
have every reason to believe from the appearance of said claimant and their acquaintance with him  
that he is the identical person he represents himself to be; and that they have no interest in the  
prosecution of this claim.

John L. Thompson  
(If Affiants sign by mark, two persons who can write sign here.)

D. S. Rodney  
(Signature of Affiants.)

SWORN TO AND SUBSCRIBED before me this 7th day of July A. D. 1890,  
and I hereby certify that the contents of the above declaration were fully made known and explained to  
the applicant and witnesses before swearing, including the words "Sign his name"  
erased and the words \_\_\_\_\_ added; and that  
I have no interest, direct or indirect, in the prosecution of this claim.

John L. Thompson  
Notary Public



**ORIGINAL**  
**Disability Claim**  
**FOR**  
**PENSION**

Under the Act of Congress, June 27th, 1890.

James G. Snowden, Applicant.  
Co. A Reg't. 6  
Ed. Draft Vols. 1862  
Enlisted Nov 20  
Discharged Aug 29 1863



FILED BY

**J. W. FLENNER,**

**WASHINGTON, D. C.**

Rufus H. Darby, Printer, 1308 Pa. Ave., Washington, D. C.

ACT OF JUNE 27, 1890.

# Additional INVALID PENSION.

464,202  
 Claimant, James P. Bowden  
 P. O., Laurel Rank, Private  
 County, Sussex Company, "K"  
 State, Del. Regiment, 6<sup>th</sup> Del. Vol. Infy.  
 Rate, \$ 10., per month, commencing July 9<sup>th</sup> 90

Disabled by Dis. Med. approved

## RECOGNIZED ATTORNEY.

Name, J. W. Fleener Fee, \$ 10- Agent to pay.  
 P. O., City Articles filed, July 9<sup>th</sup>, 1890

## APPROVALS.

Submitted for Admission, Nov. 24, 1890, Bornarth, Examiner.

Approved for admission Approved for

Chronic diarrhoea & resulting piles  
head ache & vertigo result of  
sunstroke & disease of heart

J. A. Fisher Legal Reviewer. J. B. Hatten m. & Medical Referee.  
Dec. 15, 1890

Dec. 1, 1890

He is now pensioned under other laws. Last paid to 18, at \$ 8-

Pensioned from June 28<sup>th</sup>, 1886, at \$ 8-, for Chronic Diarrhoea & resulting piles & headache & vertigo result of sunstroke

## SERVICE SHOWN BY RECORD.

Enlisted November 20<sup>th</sup>, 1862, honorably discharged Aug. 23<sup>rd</sup>, 1863

Re-enlisted 18, honorably discharged 18

Declaration filed July 9<sup>th</sup>, 1890, alleges permanent disability, not due to vicious habits,

from Chronic Diarrhoea and resulting piles & Headache  
+ Vertigo the results of sunstroke

Club signs by mark



# MEDICAL TESTIMONY.

STATE OF Delaware

COUNTY OF Dallas

Doorman's name  
and  
Post Office address.

Los Angeles, H. Collins whose Post Office address is Glenborough  
County of Susser State of Delaware and whose age is now

40..... years, being first duly sworn, says that he is a regular practicing physician of 13- years standing, and that he gave medical advice and treatment to Henry P. Bowden late a Private of Company 12 of the 64th Regiment of Delaware

### DIRECTIONS.

Doctor: Please state when (the year at least) you first treated the soldier, what you treated him for, and how many years thereafter you continued to treat him and give him medical advice, giving a full medical history of his disease and its progress, whether he has grown better or any worse. If at all possible, give dates and duration of all treatment administered; your books will help you. If the case appears to have been one of long standing, and chronic, please say so. If his disease has been aggravated by intemperance or other bad habits, so state. If you have treated him for more than one disease, make a separate instruction for each, and *particularly* doctor, give your opinion as to the degree or extent (1/4, 1/2, etc.) to which he has been disabled for labor during your knowledge of his case.

Vol. 1, as follows:

1. The first volume contains the following information:

2. The second volume contains the following information:

3. The third volume contains the following information:

4. The fourth volume contains the following information:

5. The fifth volume contains the following information:

6. The sixth volume contains the following information:

7. The seventh volume contains the following information:

8. The eighth volume contains the following information:

9. The ninth volume contains the following information:

10. The tenth volume contains the following information:

I further swear that I am not interested in this claim for pension.

*Emmett C. Burns, U.S.*  
(Agent's Signature.)

(If over in the Service give rank.)



STATE OF Delaware COUNTY OF Superior SS

Sworn to and subscribed before me this 6<sup>th</sup> day of January 1887, by the above named affiant; and I certify that said affiant is the person he represents himself to be, and is a physician, in good standing and a credible witness.

I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution.

James E. Peters  
(Affiant's Signature.)  
Notary Public  
(Affiant's Character.)

L. S.

I Clerk of the court; Court, in and for aforesaid County and State, do certify that Esq., who hath signed his name to the foregoing affidavit, was at the time of so doing in and for said County and State, duly commissioned and sworn; that all official acts are entitled to full faith and credit and that his signature thereto is genuine.

Witness my hand and seal of office, this day of 188

[L. S.]

Clerk of the

NOTE.—This should be sworn to before a *Clerk of Court, Notary Public, or Justice of the Peace*. If before a *Justice or Notary*, then *Clerk of County Court* must add his certificate of character on the back thereof, unless said Notary or Squire already has such a certificate on file in the Pension Office, showing official capacity. If such a certificate is on file, the Notary or Squire must say so in his Jurat.

MEDICAL TESTIMONY.

In Claim of

James P. Borden  
Co. 16-6<sup>th</sup> Del.

For Orig. Pension

No.

6783018

RECEIVED  
7189

FILED BY

J. W. FLENNER & Co.,

Attorneys.

WASHINGTON, D. C.

# MEDICAL TESTIMONY.

STATE OF Delaware

COUNTY OF Sussex

Deponent's name  
and  
Post Office address.

James P. McFarlane whose Post Office address is Whiterville

County of Sussex State of Delaware and whose age is now

66 years, being first duly sworn, says that he is a regular practicing physician of 35 years

standing, and that he gave medical advice and treatment to James P Bowden late a

Private of Company H of the 6 Regiment of Delaware

Vols, as follows: I have given medical advice and treatment

from 3 of August 1863 I was cal to see the

said James P Bowden and found him

suffering with diarrhoea and misery

In his head I have attended said

James P Bowden from August 31st 1863

to November 29 of 1864 for the a Bow

trouble and I do not think he was

able to perform manual labour over

one fourth of his time yearly

## DIRECTIONS.

Doctor: Please state when (the year at least) you first treated the soldier, what you treated him for, and how many years thereafter you continued to treat him and give him medical advice, giving a full medical history of his disease and its progress, whether he has grown better or any worse. If at all possible, give dates and duration of all treatment administered. Your books will help you. If the case appears to have been one of long standing and chronic, please say so. If his disease has been aggravated by intemperance or other bad habits, so state. If you have treated him for more than one disease, please follow these instructions for each, and particularly, doctor, give your opinion as to the degree or extent ( $\frac{1}{4}$ ,  $\frac{1}{2}$ , etc.) to which he has been disabled for labor during your knowledge of his case.

I further swear that I am not interested in this claim for pension.

Witness

John W. Hickman

Wm. S. Donaway

James P. McFarlane  
(Deponent's Signature.)

(If ever in the Service give rank.)

do not know

STATE OF

COUNTY OF

SS

Sworn to and subscribed before me this 3<sup>d</sup> day of February, 1887, by the above named affiant; and I certify that said affiant is the person he represents himself to be, and is a physician, in good standing and a credible witness.

I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution.

Henry E. Betts  
(Affiant's Signature.)

L. S.

Clatary Public  
(Affiant's Character.)

I Clerk of the court, Court, in and for aforesaid County and State, do certify that Esq., who hath signed his name to the foregoing affidavit, was at the time of so doing in and for said County and State, duly commissioned and sworn; that all official acts are entitled to full faith and credit and that his signature thereto is genuine.

Witness my hand and seal of office, this day of, 1887

[L. S.]

Clerk of the

NOTE.—This should be sworn to before a *Clerk of Court, Notary Public, or Justice of the Peace*. If before a *Justice or Notary*, then *Clerk of County Court* must add his certificate of character on the back thereof, unless said Notary or Squire already has such a certificate on file in the Pension Office, showing official capacity. If such a certificate is on file, the Notary or Squire must say so in his Jurat.

MEDICAL TESTIMONY.

In Claim of

Gas. R. Boardman  
P. C. Del. Dist.

For

No.

578.358

FILED BY

J. W. FLENNER &amp; Co.,

Attorneys.

WASHINGTON, D. C.

# For Officer's or Comrade's Testimony.

Officer's, Surgeon's or  
Comrade's Post Office  
address

Here state condition  
of soldier's health at  
time of enlistment.

State time and place  
of disability, and if by  
wound in battle, state  
name of battle; if by  
accident, state the cir-  
cumstances; and if by  
sickness, state the cause  
and nature of the dis-  
ease

State your source of  
information.

## NOTE.

Execute this before a  
Clerk of the Court if pos-  
sible. When executed  
before a Notary Public  
or Justice of the Peace,  
a certificate from the  
Clerk of the Court should  
be attached, certifying  
that the Notary or Jus-  
tice had authority to act  
as such.

I, Peter Hitchens a resident of Mar. Greenboro  
in the County of Surry State of Delaware late  
Private of Company H. of the 6<sup>th</sup> Regiment of Del. Vol.  
on oath, depose and say, that I was well acquainted with  
late a Private in Company H. of the 6<sup>th</sup> Regiment of Del. Vol.  
of the war of 1861; that at the time of his enlistment, said James P. Borders  
was a. Sound healthy man

and while in the military service of the United States, in the line of his duty, and without fault or im-  
proper conduct of his own, on or about the 10<sup>th</sup> day of August 1863  
at Fort Delaware in the State of Delaware

that this Claimant James P. Borders was  
attacked with Chronic Diarrhea and was there-  
upon released from duty until the 15<sup>th</sup> day of August  
1863. There went on duty and while on line for  
guard duty he was Sun struck and fell  
at his post and was carried to the Barracks  
and never done any more duty until his  
discharge and that since his discharge and  
return home he has had a bad cough and  
bad Bronchitis all the time and not able to do  
manual labor more than one third of the time  
I know these facts from Personal Knowledge and being a near Neighbor  
and I have no interest whatever in the prosecution of this claim for pension.

Two Witnesses  
when signed  
by mark:  
John W. Hickman Peter Hitchens  
Constable Morris Mark

Sworn to and subscribed before me this 23<sup>rd</sup> day of June 1886  
at Millsboro in the County of Surry  
State of Delaware I certify that I am disinterested, that the affiant is to me well  
known, and is respectable, and worthy of full credit as a witness, and that the contents of the affidavit were  
made known to him before execution.

Derick B. Brown N. Public

Attest 9/4  
Pinard 9/2



STATE OF

COUNTY OF

I HEREBY CERTIFY that

an affidavit was made, was at the execution thereof, a

in and for the County of

and State of

thereto is genuine.

(Official Signature.)

J. W. FLENNER & Co.,

Attorneys,

WASHINGTON, D. C.

FILED BY

For

Orig. Pension

No.

James P. Boardman  
J. W. FLENNER & Co.,  
Attorneys,  
WASHINGTON, D. C.

Affidavit.

Amman

*no.* Treasury Department,

THIRD AUDITOR'S OFFICE.

February 13<sup>th</sup>, 1892..Hon. Commissioner of Pensions.

Sir In reply to your letter of February 8, 1892, in case of  
*James P. Bowden*. Certificate 464202.  
*Washington*. Agency, *Act. June 27, 1890* Roll,  
 the records of this Office show <sup>last</sup> payment to have been made at \$0—,  
 per month in *September 1891* to *September 4*.  
*1891*.

Letter herewith returned.

Pensioner was suspended by letter  
 from Pension Office dated *October 16*.  
*1891*, and dropped by letter *January*.  
*4. 1892*.

Respectfully yours,

*W H Hart*

Auditor.

*C.P.H.*

# CLAIMANT'S TESTIMONY.

STATE OF Delaware  
COUNTY OF Sussex } SS.

In the matter of the application for Original Pension No. 578,358  
of James P. Boudin, personally comes the claimant, who,  
being first sworn on oath, says That the effects of Paralysis  
is to make him giddy or dizzy, a  
swimming sensation. (before his eyes  
cannot labour in the sun, a pain  
in the left eye with loss of sight  
cannot read by lamp light, and  
venous, in short I cannot  
do any manual labour in  
the sun

My Post-Office address is Gumboro  
County of Sussex, State of Delaware

When signed by mark, two witnesses, J. S. Bacon  
John W. Hickman  
James P. Boudin (Claimant's Signature.)  
Martin

Subscribed and sworn to before me this 27 day of April, 1888 The affiant is the  
person he represents him self to be, and a credible witness. I certify that I read said affidavit to said affiant and  
acquainted him with its contents before he executed the same. I am not interested in this claim.

Witness my hand and seal the day and year above written.  
Jesse L. Long Notary Public.

STATE OF \_\_\_\_\_ } ss.  
COUNTY OF \_\_\_\_\_ }

I HEREBY CERTIFY that \_\_\_\_\_, before whom the foregoing affidavit was made, was at the execution thereof a \_\_\_\_\_ in and for the County of \_\_\_\_\_, duly authorized to administer oaths, and that his signature thereto is genuine.

(Official signature.)

J. W. FLENNER & CO.,  
U.S. Claim and Patent Attorneys  
WASHINGTON, D. C.

269  
CLAIMANT'S TESTIMONY.

Claim of

James P. Borden  
Rev. "K" 6th Regt.

For Aug. Inval Pension

No. 8-78-358





# Hospital Statement.

I hereby certify that I am claimant for Pension No. \_\_\_\_\_

I was late a member of \_\_\_\_\_

Company

*K. 6<sup>th</sup>*

Regiment

*of Del<sup>a</sup>*

Volunteers

and the following is a full, true, and correct statement of all treatment received by me while in the service of the United States, to the best of my recollection:

*was not treated in any Hospital but was treated at Fort Delaware in the State of Delaware by Dr. William Marshall Surgeon of the Regiment from the 10<sup>th</sup> day of August A. D. 1863 until the 23<sup>rd</sup> day of August A. D. 1863 when I was discharged*

NOTE. Here give a full and complete statement of all the treatment you received while in the service. State the names, numbers and locations of all hospitals, in which you received treatment, and state whether general, brigade, regimental, division, post, corps, or field hospital. State date of entering each and date of leaving. If not treated in the service, state that fact.

Given this *First* day of *July* 188*6*, and I further state that my Post

Office address is

*Gumboro*

County of

*Sussex*

State of

*Delaware*

*A. B. Morris*

*John W. Hickman*

*James P. Borden*  
(Claimant's Signature.)  
*March*

THIS STATEMENT MUST BE SIGNED BY CLAIMANT HIMSELF, AND NEED NOT BE SWORN TO.



HOSPITAL STATEMENT,

*James P. Bowden*  
OF  
Co. *16* 6th Reg't.  
*Del. Infy.* Vol's.

Claim for Original Invalid Pension.

No.

J. W. FLENNER & CO.

ATTORNEYS,

WASHINGTON, D. C.

DEAR SIR:

The Pension Office requires a full and complete statement of all your medical treatment while in the army, and if you can make your statement clear, the records of your hospitals can be examined without delay, and your case more speedily settled.

If you were treated in the field, say whether it was in the Regimental, Brigade, Division or Post Hospitals, and about when it was and where you were stationed at the time. If you were treated in the General Hospital, give its name or number, and in what city it was located, and about when you entered, and how long you remained. Specify all of your hospitals for the records of no hospital will be examined unless you claim treatment therein. A good Hospital Statement is half the battle won. It need not be sworn to. If you were never treated in the army simply say so on the blank.

Respectfully,

J. W. FLENNER & CO.

# CLAIMANT'S TESTIMONY.

STATE OF

Delaware

COUNTY OF

Sussex

ss.

In the matter of the application for

Pension No. 578358

of James P. Bowden, late Private 1st Reg. U.S. Arty, 6th Arty, Del., personally comes the claimant, who, being first sworn on oath, says

on or about the tenth of August Eighteen Hundred & Sixty Three I was severely attacked with Diarrhea, and about the fifteenth of August Eighteen Hundred & Sixty Three I received a Sun Stroke and about the same time I was attacked with Measles, the result of Sun Stroke, with the hot season of the year I can't stand the heat of the Sun, and was obliged to give up my usual occupation which was farming. the result of Measles, always ever since my first attack when I take the least cold it produced a very disagreeable cough and owing to the above troubles I am not able to perform manual labour more than one third of my time.

My Post-Office address is

Mill-hurgh

County of

Sussex

State of

Delaware

In care of J. W. Hickman

James P. Bowden  
(Claimant's Signature.)

When signed  
by mark, two  
witnesses.

James E. Betts  
David S. Mitchell

Subscribed and sworn to before me this 19th day of March,

1888. The affiant is the

person ~~for~~ represents himself to be, and a credible witness. I certify that I read said affidavit to said affiant and acquainted him with its contents before he executed the same. I am not interested in this claim.

Witness my hand and seal the day and year above written.

James E. Betts  
Charles R. Bubb

STATE OF Ill. } ss.  
COUNTY OF Franklin

I HEREBY CERTIFY that

ing affidavit was made, was at the execution thereof a

in and for the County of

and State of

thereto, is genuine.

, before whom the forego-

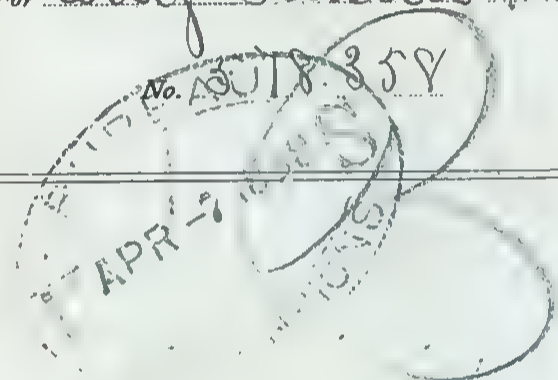
(Official signature.)

*All fails to state  
name of dis...*  
**CLAIMANT'S TESTIMONY.**

Claim of

James P. Bowden  
No. 86" 6th Hl. Infl

For Orig Pension



J. W. FLENNER & CO.,  
U.S. Claim and Patent Attorneys  
WASHINGTON, D. C.



## CLAIMANT'S TESTIMONY.

**STAFF Q1**

COUNTY OF \_\_\_\_\_

**\$S.**

~~In~~ the matter of the application for

Pension No

578 34-5

of

personally comes the claimant, who,

being first sworn on oath, says

being first sworn on oath, says that if in whole or in part, personally comes the claimant, who, actually resides in Peru & appears the witness testimony of the Physician that he was born from 1818 to 1881 this Defendant says is a very good man - that you - by the name of Benin who is long since dead - this Defendant says with that for each - and say you - among all the long years that have passed - since the 10th of the year this Defendant has not seen any of them. you - for anyone you state that you have been in this area of farming - one 1/3 of his time if as much - that among all your work - on account of the number of his head - this Defendant states that he has used the Defendant in trying to comply with the duties of the Govt.

My Post-Office address is \_\_\_\_\_

County of \_\_\_\_\_

State of

When signed  
by mark, two  
witnesses.

Subscribed and sworn to before me this 7 day of March, 1887. The affiant is the

person He represents himself to be, and a credible witness. I certify that I read said affidavit to said affiant and acquainted him with its contents before ... He ... executed the same. I am not interested in this claim.

Witness my hand and seal the day and year above written.

(Claimant's Signature)

STATE OF ..... } ss.  
COUNTY OF .....

I HEREBY CERTIFY that

ing affidavit was made, was at the execution thereof a

and State of ..... in and for the County of

thereto is genuine.

before whom the forego-

, duly authorized to administer oaths, and that his signature

(Official signature.)

*Can't find med from 66*  
**CLAIMANT'S TESTIMONY.**

Claim of  
*EASTERN*  
*James P Bowden*  
*Ex. of Del Inds*

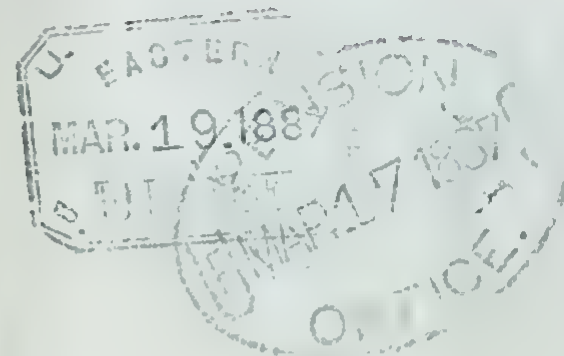
For

No.

*578,358*

J. W. FLENNER & CO.,  
U.S. Claim and Patent Attorneys

WASHINGTON, D. C.



# Claimant's Testimony.

STATE OF Delaware }  
COUNTY OF Sumner } 88.

In the matter of the application for Deceased Pension No. 5783582  
of James R. Bowden Col. 6<sup>th</sup> Regt. personally comes the claimant, who  
being first sworn on oath, says: That he is entirely and wholly unable  
to furnish the evidence of the Surgeon, Captain Surgeon  
of the Regiment, the Surgeon of the 6<sup>th</sup> Regt. and  
Assistant Surgeon, Regt. and Regiment who clearly  
report on Sept. 1st and 2nd his injuries to the  
head and neck. After making and returning their  
daily reports this day in this respect was killed  
and died. From June Dr. William Marshner  
of Milford Delaware and several other  
from this State most respectfully state with  
Humble Commendation of Pensions that  
they used due diligence and have expended all  
they power to comply with the requirements  
of the Department for in regard to obtaining  
evidence from Surgeon or Assistant Surgeon find  
it wholly impossible to do so, fully aware  
and respect fully named

My Post Office address is Gumborough State of Delaware  
County of Sumner

When signed  
by mark, two  
Witnesses

James R. Bowden his  
(Claimant's Signature.)  
John W. Hickman  
Elizabeth A. Lacy

Subscribed and sworn to before me, this 30<sup>th</sup> day of September 1886 The affiant is the  
person he represents himself to be and a credible witness and I certify that I read said affidavit to said affiant and ac-  
quainted him with its contents before he executed the same I am not interested in this claim.  
Witness my hand and seal the day and year above written.

Samuel H. Lacy  
Notary Public

STATE OF

COUNTY OF

I HEREBY CERTIFY that

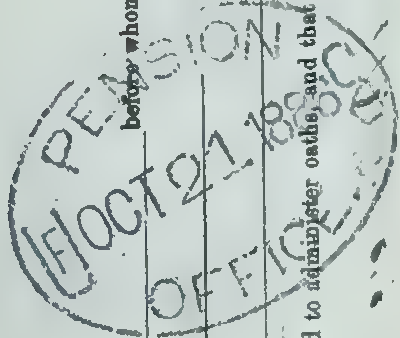
ing affidavit was made, was at the execution thereof, a

in and for the County of

and State of

thereto is genuine.

(Official Signature)



before whom the forego-

duly authorized to administer oaths, and that his signature

## CLAIMANT'S TESTIMONY.

Oldtim of

Jay P. Bowden  
R. C. Del. Prof.

For

Origl

No. 578. & 68.

FILED BY

J. W. FLENNER & CO.,

Attorneys,

WASHINGTON, D. C.



# CLAIMANT'S AFFIDAVIT.

State of Delaware }  
County of Issaquah } SS.

In the Matter of the Original INVALID Pension Claim No. \_\_\_\_\_  
of James P Bowden

ON THIS 21st day of July A. D. 1886, personally appeared before me, a  
Notary Public, James P Bowden in and for the aforesaid County, duly authorized to administer  
oaths, James P Bowden, aged 43 years, a resident of  
Near Grumbles in the County of Issaquah, and State  
of Delaware, well known to me to be reputable and entitled to credit,  
and who being duly sworn, declares in relation to his claim for pension as follows: My Post Office address is  
Grumbles Issaquah County Delaware  
[Give present address in full.]

For 19 years immediately preceding my enlistment into the service of the United States on the 20th  
day of November 1862, I resided in the following-named places: Near Grumbles  
Issaquah County Delaware  
[Give all the places in which you resided during the period above stated prior to your enlistment.]

and my occupation was that of a Farmer  
Since my discharge from said service on the 23rd day of August, 1863, I have resided in  
Near Grumbles Issaquah County Delaware  
[Give the name of each place with date of any change of residence.]

and my occupation has been that of a Farmer

I further state that the disability for which I claim a pension arises from Chronic Diarrhea  
which was contracted at Fort Delaware in the State of Delaware  
[Here state the time, place, and all the circumstances under which the disability for which pension is claimed originated.]

3 on the 10th day of August A. D. 1863 and on  
the 15th day of August A. D. 1863 at Fort Delaware  
in the State of Delaware he was gun struck

From my said discharge to the present time, I have received the following medical treatment for said disease  
from Dr James P. McFadden

so state.

Since the origin of the disability for which pension is claimed, I have suffered with the following acute diseases:

Chronic Diarrhea and Scurvy of the Feet  
[Mention all attacks of acute disease, the time when such attacks occurred, their character and violence.]

for which I was treated by Dr Dr James P. McFadden  
[Name and address and date of treatment.]

And during all of the said time my physical condition and ability to perform manual labor has been as follow . . .

not been able to perform manual labor more than one third of the time from discharge to the present time

1 further state that the entire service rendered by me is as follows further 20<sup>th</sup> Aug of 1862 until the 23<sup>rd</sup> Aug of 1863 and during the same period I was employed by the 6<sup>th</sup> Reg Dela Vol

and that I have not served in the Army or Navy either prior or subsequent thereto

John A Hickman  
James B Lizard  
[Two witnesses who can write sign here.]

James P. Bonchen  
[Claimant's signature.]  
Mark

State of Delaware County of Sussex SS:

Sworn to and subscribed before me this day, by the above named affiant; and I certify that I read said affidavit to said affiant, and acquainted him with its contents before he executed the same. I further certify that I am nowise interested in said case, nor am I concerned in the prosecution. The following interlineations and erasures were made before executing said affidavit:

James B. Morris N.P.  
[Official Signature.]

NOTE - This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of Official character hereon, and not on a separate slip of paper.

I, Clerk of the County Court in and for aforesaid County and State, do certify that, Esq, who hath signed his name to the foregoing affidavit was at the time of so doing, in and for said county and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

[L. S.] Clerk of the

CLAIMANT'S AFFIDAVIT.

No. 572358  
Claim of  
James P. Bonchen  
Private  
Co. 10-6<sup>th</sup>  
Del. Infy.  
Orig. Pension

FILED BY  
J. W. FLENNER, JR.  
U. S. CLAIM ATTORNEYS,  
Washington, D. C.





STATE OF

COUNTY OF

I HEREBY CERTIFY that

before whom the foregoing

affidavit was made, was at the execution thereof, a

in and for the County of

and State of

duly authorized to administer oaths, and that his signature

thereto is genuine.

(Official Signature.)

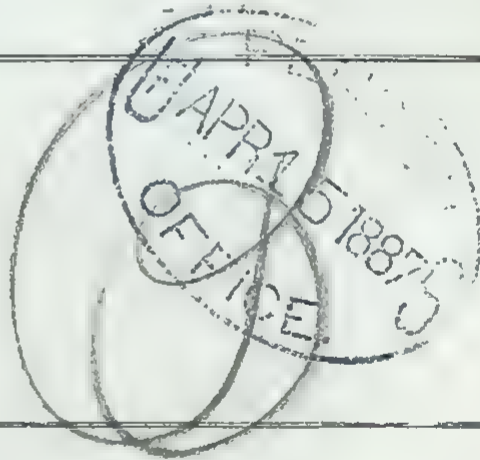
## CLAIMANT'S TESTIMONY.

Claim of

*Geo. P. Browder*  
*K. 6<sup>th</sup> St. Ind.*

For

*No. 578.358,*



FILED BY

J. W. FLENNER & Co.,

Attorneys,

WASHINGTON, D. C.



# DECLARATION FOR INCREASE OF AN INVALID PENSION.

State of *Delaware*

County of *Sussex*

SS:

ON THIS *12<sup>th</sup>* day of *May*

A. D. one thousand eight hundred and ~~eighty~~

*Ninety* personally appeared before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid *James P. Gowden*

Pensioner's full name.

aged *46* years, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the rate of *8.00* dollars per month, under Pension Certificate No.

*464202* by reason of disability resulting from *chronic diarrhoea and resulting piles and headache & vertigo result of sunstroke.*

incurred in the service of the United States, while serving as a *Pvt.* in Company *K*

Here state your rank.

of the *6<sup>th</sup>* Regiment of *Del. Light.* Volunteers.

That he believes himself entitled to an increase of pension for the following reasons:

that since he obtained his present rate, his disability has increased, rendering it more difficult for him to perform manual labor.

That he hereby appoints, with full power of substitution and revocation,

**J. W. FLENNER, OF WASHINGTON, D. C.,**

his true and lawful attorney, to prosecute his claim.

His Post Office is *Laurel*

County of *Sussex*

State of *Del.*

*James E. Dusey*

*James P. Gowden*  
Signature of Claimant

Two persons who can write sign here.

Also personally appeared James E. Pusey residing at  
Millsboro Delaware and Christie W. Morris  
residing at Millsboro Delaware, persons whom I certify to be  
respectable and entitled to credit, who, being duly sworn, say they were present, and saw the claimant sign  
his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the  
appearance of said claimant, and their acquaintance with him, that he is the identical person he represents  
himself to be, and that they have no interest in the prosecution of this claim.

If witnesses sign by mark, two persons who can write sign here.

James E. Pusey  
Signature of witnesses.

Sworn to and subscribed before me, this 12<sup>th</sup> day of May A. D. 1890, and I hereby  
certify that the contents of the above declaration, &c., were fully made known and explained to the  
applicant and witnesses before swearing, including the words  
erased and the words  
added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Arvid B. Morris  
Signature.

[ L. S. ]

Notary Public  
Official character.

~~NOTE~~ NOTE.—If an increase of pension be claimed on account of a wound, injury or disease not pre-  
viously alleged, the law requires that the application be EXECUTED before an OFFICER of a  
COURT of RECORD having custody of its seal; otherwise, it may be executed before any Officer auth-  
orized to administer oaths for general purposes.

Certificate No. 464202

INVALID.

APPLICATION FOR

INCREASE OF PENSION.

James E. Pusey  
Co. H, 6<sup>th</sup> Reg't.  
Del. Inf't. Vols.

FILED BY

J. W. FLENNER,

Attorney,

WASHINGTON, D. C.

U. S. GOVERNMENT PRINTING OFFICE

# DECLARATION FOR Original INVALID PENSION.

State of Delaware County of Sussex, ss.

On this 11 day of June A. D. one thousand eight hundred and eighty Six personally appeared before me, John F. Adams Secy of Sup. Court within and for the County and State aforesaid James P. Broden aged 43 a resident of Cumtoborough County of Sussex State of Del. who, being by me duly sworn according to law on his solemn oath, deposes as follows, to wit:

"I am the identical James P. Broden who was enrolled on the 30 day of Sept 1862 in Company H commanded by Captain E. Adkins of the 6<sup>th</sup> Reg't of Del. Inf. Vol's. and I was honorably discharged at Hilmington, Del. on the 23<sup>rd</sup> day of Aug. 1863

While in the service aforesaid, and in the line of my duty, I was disabled in the manner following, to wit:

While at Fort Delaware on or about Aug. 10<sup>th</sup> 1863 I contracted "Dysentery" from which I have suffered continuously since and on which I claim a Pension.  
I also claim Pension on Effects of Gun-stroke incurred while at Fort Delaware on or about Aug. 15<sup>th</sup> 1863 and which has affected me ever since and from the effect measles contracted at Fort Delaware on or about Aug. 15<sup>th</sup> of August 1863.  
I have suffered continuously ever since and I claim a Pension on full Back of Measles

I have never been employed in the Military or Naval Service of the United States otherwise than set forth above. Since leaving the Service, I have resided at \_\_\_\_\_ and my occupation has been Laboring. Before my entry into the Service aforesaid I was of good, sound physical health, being at enrollment a Farmer and I am now partly disabled from obtaining my subsistence by manual labor by reason of my disabilities above stated, received in the Service of the United States; and I make this Declaration for the purpose of receiving an Original Invalid Pension of the United States. I hereby appoint and empower, with full power of substitution,

**J. W. FLENNER & CO., of WASHINGTON, D. C.,**

my true and lawful Attorneys to prosecute my claim. My Post-Office address is \_\_\_\_\_

Cumtoborough County of Sussex State of Delaware

James P. Broden  
 (Claimant's Signature.)  
Mark

Attest:  
 Two Witnesses.

E. B. Lyre  
John W. Hickman



Also personally appeared Charles H. Byrne residing  
at Georgetown and John W. Hickman residing  
at Georgetown persons whom I certify to be respectable and entitled to credit,  
and who, being by me first duly sworn according to law, say they were present and saw James P. Bowden  
the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe,  
from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents  
himself to be; and that they have no interest in this claim for Pension.

Signatures of Witnesses. { Charles H. Byrne  
John W. Hickman

Sworn to and Subscribed before me this 11 day of June A. D. 18 86

The contents of the foregoing Declaration were fully made known and explained to claimant and  
witnesses before swearing, including the words

[SEAL.] erased, and the words added; and I have  
no interest in this claim for Pension.

John T. Adams  
(Signature.)  
Not Sec of Sup. Court  
(Official Character.)  
Adams

INVALID

CLAIM FOR

Original

PENSION.

James P. Bowden  
Private, Co. 16<sup>th</sup> b. Reg't.  
16<sup>th</sup> Inf. Vols.



FILED BY  
J. W. FLENNER & CO.,  
CLAIMANT'S ATTORNEYS,  
WASHINGTON, D. C.



## ORIGINAL INVALID CLAIM.

464203  
Soldier;

P. O.,

County,

State,

Rates, \$

James P. Bowden

Millsborough

Sussex

Del

Rank,

Company,

Regiment,

Private

No

6" Del. vol. Inf.

per month, commencing June 28, 1886

Pensioned for

Name,

P. O.,

## RECOGNIZED ATTORNEY.

Fee, \$ 25.00 Agent to pay.

Articles filed June 28, 1886

## APPROVALS.

Approved for

Submitted

Dysentery &amp; sunstroke

Filed Jan. 13, 1890;

J. A. Scott, Examiner.

Approved for

Approved for

chronic diarrhoea and sunstroke. Piles found on examination and disease of head & vertigo result of sunstroke shown since discharge referred to 8/18

Med. Ref. as results

Jan 18. 90 Thorne, Legal Reviewer. Pierce, Med. Ex'r, 77, Med. Reviewer,

, 188 , , Re-Reviewer. 1-27, 1890 Med. Referee.

## IMPORTANT DATES

Enlisted,

Mustered

Discharged

Declaration filed

November 20, 1862

service from

18 , to

18 , in

August 23, 1863

June 28, 1886

Not in service since

August 23, 1863

## BASIS OF CLAIM.

See Declaration

Alleges in declaration filed June 28/86, that he contracted dysentery at Fort Delaware Augt 10/63, & incurred sun stroke & measles at said place Augt 15/63. States in affidavit filed April 13/87, that he contracted measles & diarrhoea at Fort Delaware Del, Augt 10/63, and incurred sunstroke,

signs by X M. M. C.

# Brief for Reduction, Dropping, or Continuance.

Claimant, James P. Gowden  
P. O., Laurel Rank, Pub  
County, Tusser Company, H.  
State, Del. Regiment, 6. Del. Inf. Inf.  
Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Pensioned for \_\_\_\_\_

## APPROVALS.

Approved for dropping  
Submitted Aug 17, 1891; Charles A. Hughes, Examiner.

Approved for— Dropping.  
Client not in Service  
40 days and therefore  
has no title under act  
June 27. 90.  
Aug 8. 91. Legal Reviewer.  
\_\_\_\_\_, 18\_\_\_\_; \_\_\_\_\_, Re-Reviewer.

Approved for—  
\_\_\_\_\_, Med. Ex. \_\_\_\_\_, Med. Reviewer.  
\_\_\_\_\_, 18\_\_\_\_; \_\_\_\_\_, Med. Referee.

Pensioned from July 9, 1890; for diarrhoea, piles, headache,  
vertigo, results of sunstroke & disease of heart  
Last paid to \_\_\_\_\_, 18\_\_\_\_; at \$ 10

## BASIS OF PRESENT ACTION.

Chief of Spec. Exam. Division recommends dropping as above  
12-19-1891; \_\_\_\_\_, Chief Spec. Exam. Division.

After legal notice, the above action is adhered to

12-19-1891.  
James P. Gowden  
Commissioner.

Renewal & Increase (3-146.)

# INVALID PENSION

restoration  
REISSUE TO ALLOW ADDITIONAL DISABILITY.

Pensioner, James P. Gowden  
P. O., Lynchburg  
County, Fauquier  
State, VA  
Rank, Priv  
Company, A  
Regiment, 6-101st Inf  
Rate, \$ 10 per month, commencing July 9, 1890

Pensioned for Disability

## RECOGNIZED ATTORNEY.

Name, James P. Gowden Fee, \$ 10; Agent James P. Gowden to pay.  
P. O., Lynchburg Articles filed July 9, 1890, 18

## APPROVALS.

Approved for restoration, old law  
Submitted Aug 31, 1891; James P. Gowden, Examiner.

Approved for Restoration under  
old law act 464202, from  
July 9, 1890 for Chd diar & res piles  
headache and vertigo res of sunstroke  
Deduct payments made  
under said act under  
act June 27, 1890.

Paul Baker, Legal Reviewer. Stays A, Med. Ex'r, James P. Gowden, Med. Reviewer.  
Sep 8, 1891, Re-Reviewer. Oct 5, 1891, Med. Referee.

## HISTORY OF CLAIMS AND FORMER ACTION.

Discharged Aug 23, 1863 Last paid to James P. Gowden, at \$ 10  
Pensioned from June 28, 1886, at \$ 8, for diarrhoea, resulting  
piles, headache, vertigo results of sunstroke.

Original declaration filed Jan 28, 1886; alleged same as above.

Oct Jan 21 1891  
Declaration filed July 9, 1891, alleged same as above.

Arrears allowed from July 9, 1891, to July 9, 1891

## PRESENT CLAIM.

Declaration filed July 9, 1891



## BUREAU OF PENSIONS

May 1, 1926

W.O. No. 1242187

Soldier, Bowden

Co., Reg't

When Certificate is issued, return  
papers to Widows

Division for action on

Rejection of widows  
claim



# Restoration INVALID PENSION

Claimant, James P. Borden

P.O., Laurel

County, Tussey

State, Del

Rank, Priv

Company, B

Regiment, 6<sup>th</sup> Del Vol Inf

Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Disabled by \_\_\_\_\_

## RECOGNIZED ATTORNEY:

Name, \_\_\_\_\_ Fee \$ \_\_\_\_\_, Agent \_\_\_\_\_ to pay.

P.O., \_\_\_\_\_ Articles filed \_\_\_\_\_, 18 \_\_\_\_\_

## APPROVALS:

Submitted for Feb 19, 1892 L. A. Cowman, Examiner.

Approved for restoration for chronic

resulting piles and hemorrhoids & resulting piles

vertigo resulting from stroke & headache & vertigo result

under "old law" of 1890 of amputation 8/8 Dub.

from Sept 1891 date when

last paid under act of

act June 27, 1890 = No Inc

July 4 1892, L. A. Cowman, Legal Reviewer.

Discharged Aug 23, 1863 Last paid to Sept 4, 1891, at \$ 10

Pensioned from June 28, 1886, at \$ 8, for chronic piles

headache vertigo res of amputation

Original declaration filed Jan 28, 1886, alleged dysentery & effects of amputation & Measles

pension under old law terminated July 8 - 1890

Pensioned under "act June 27/90" at \$10 from

July 9-90. dropped by letter Jan 4-1892

Arrears allowed from \_\_\_\_\_, 18 \_\_\_\_\_, to \_\_\_\_\_, 18 \_\_\_\_\_, at \$ \_\_\_\_\_

## PRESENT CLAIM.

Declaration filed \_\_\_\_\_, 18 \_\_\_\_\_

res of amputation see slip attached

No MC

sign by mark

Restoration

## INVALID PENSION.

Claimant,

P.O.,

County,

State,

Rank,

Company,

Regiment,

Rate, \$

per month, commencing

Disabled by

## RECOGNIZED ATTORNEY:

Name,

Fee \$

Agent

to pay.

P.O.,

Articles filed

, 18

## APPROVALS:

Submitted for

, 1890.

Approved for

Approved for

Examiner.

chronic diarrhoea and resulting piles, and headache and vertigo, result of sunstroke under "old law" of No. 469-202, from July 9, 1890, date when dropped. No pension claim pending. Pension allowed on this issue from July 9, 1890 to Sept. 4, 1891, inclusive. May 4, 1892.

restoration for chronic diarrhoea and resulting piles, and headache & vertigo result of sunstroke. 8/18.

Discharged

, 1863

Last paid to

, at \$

Pensioned from

, 1886

at \$

, for

diarrhoea res piles

Original declaration filed

, 1886

alleged

dysentery &amp; effects of sunstroke

of measles pension under old law terminated July 8/90.

Pensioned under act June 27/90. at \$10 from July 9-90 dropped by letter Jan 4/92.

Arrears allowed from

, 18

to

, 18

, at \$

## PRESENT CLAIM.

Declaration filed

, 18

see slip attached, 18  
vertigo res of sunstroke  
No Me

chronic diarrhoea res piles  
signs by mark

Act June 27, 1898

# DECLARATION FOR INCREASE OF AN INVALID PENSION.

State of Delaware County of Sussex SS:

ON THIS 24<sup>th</sup> day of August, A. D. one thousand eight hundred and ninety one personally appeared before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid James P. Borden  
Your full name.

aged 48 years, who being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the rate of 10 dollars per month, under Pension Certificate

No. 464,202 by reason of disability incurred in the service of the United States, while serving

Late in Company "K" of the 6th. Regiment of Del.  
Here state your rank, company, number or name of regiment and State to which it belonged.

Inf. Volunteers, for the following disability Chronic diarr-  
hosa and resulting piles, headache and Here state your disability or disabilities as  
you find same written in your Pension certificate.  
nerve results of brain stroke & disease  
of heart.

That he believes himself entitled to an increase, by reason of his present physical condition, and the low rate of pension which he receives therefor.

Back ache & Kidney trouble.  
If the disability for which you now draw a pension has resulted in any other affection or disease, please fill in same.

Have you other disabilities incurred in the service? If so state same here.

under Act June 27-1898

That this application is made for the purpose of having his pension increased, as warranted by the severity of his disability, at the rate to which the extent of his disability entitles him.

That he hereby appoints, with full power of substitution and revocation,

**J. W. FLENNER, of WASHINGTON, D. C.,**

his true and lawful attorney, to prosecute his claim.

His Post Office address is Laurel County of Sussex

State of Delaware

James E. Pusey  
Signature of Claimant.

Joseph B. Betts

James P. Borden  
Witness

Two persons who can write sign here.



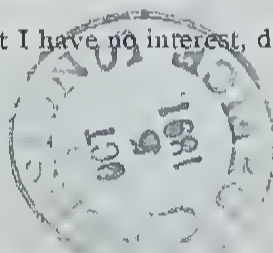
Also personally appeared James E. Pursey residing at  
New Land Co Delaware and Joseph B. Betts  
residing at Millsboro Delaware, persons whom I certify to be  
respectable and entitled to credit, who, being duly sworn, say they were present, and saw the claimant  
sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe,  
from the appearance of said claimant, and their acquaintance with him, that he is the identical person he  
represents himself to be, and that they have no interest in the prosecution of this claim.

If witnesses sign by mark, two persons who can write sign here:

James E. Pursey  
Joseph B. Betts  
Signature of witnesses.

Sworn to and subscribed before me this 24<sup>th</sup> day of August A. D. 1897; and I hereby  
certify that the contents of the above declaration, &c., were fully made known and explained to the  
applicant and witnesses before swearing, including the words \_\_\_\_\_  
erased; and the words \_\_\_\_\_  
added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]



Daniel B. Morris  
Signature,  
Notary Public  
Official character.

**IMPORTANT NOTICE** This declaration may be EXECUTED before any one,  
authorized to administer oaths, and having a seal, or who has a certificate of his official char-  
acter on file in the Pension Office, or furnishes one herewith.

J. W. FLENNER,  
Attorney,  
WASHINGTON, D. C.

FILED BY

APPLICATION FOR  
INCREASE OF PENSION.

James P. Borden  
Co. 1<sup>st</sup> Regt.  
Del. Inf. vols.

INVALID.

Certificate No. 464202

Oct June 27-90



ORIGINAL.  
(FOR A BOARD.)

Claim No. 3 78 358,

Name of the claimant,

James Bowden

Rank,

Re

Company,

7

Regiment,

6 Dec. Val.

Post-office address,

Greenborough, Del.

**ADDRESS OF THE BOARD:**

Post office,

BOARD: Don

County,

*Ernst*

State,



Date of examination.

Aug 23, 1886

WE HEREBY CERTIFY that in compliance with the requirements of the law\* we have carefully examined this applicant, who claims that while in the service of the United States at or near a place named 7th Delaware, and while in line of duty, on or about the 10

Cause of disability.

day of Aug, 1863, he incurred Dysentery Mucous  
and result of our stroke.

Degree of disability.

and that in consequence thereof he is.... disabled for earning his subsistence by manual labor

His pulse-rate is 82 per minute; his respiration 20; his temperature 98.6; his height is 6 feet and 0 inches; he weighs 160 pounds, and states that he is 43 years of age.

Here give the statement of the claimant fully, but as compactly as possible.

Touching the cause and degree of the disability for which he claims a pension, he makes the following

statement: Eleazar says in Nov. of Aug. 1863  
he contracted measles, followed by dysentery  
a few days before he was sent to the  
hospital he had seen stroke and  
after falling he was unconscious 1/2 hour  
He complains with dysentery alternating  
with constipation followed by weakness  
and pain in the stomach from which  
he suffers the greater part of the time  
during summer 1863. He also complains  
with headache & dizziness he cannot work  
in the hot sun.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant.

The examination reveals the following objective facts in support of his statements: Skin normal. Tongue very red. The 2 tonsils & bowels very tympanitic. The enlarged <sup>4 1/2 in. long</sup> liver rectum consisted of <sup>2 or 3</sup> <sup>inches</sup> <sup>piles</sup> <sup>or 3</sup> internal piles. He has 2 or 3 internal piles. Discharges watery & mucous sometimes mixed with blood. He complains with indigestion. All the organs of special sense are normal. Heart normal, lungs normal.

# This man has Chn. dysentery & piles resulting from it  
for which we rate him \$2 total.

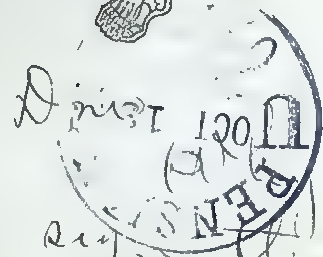
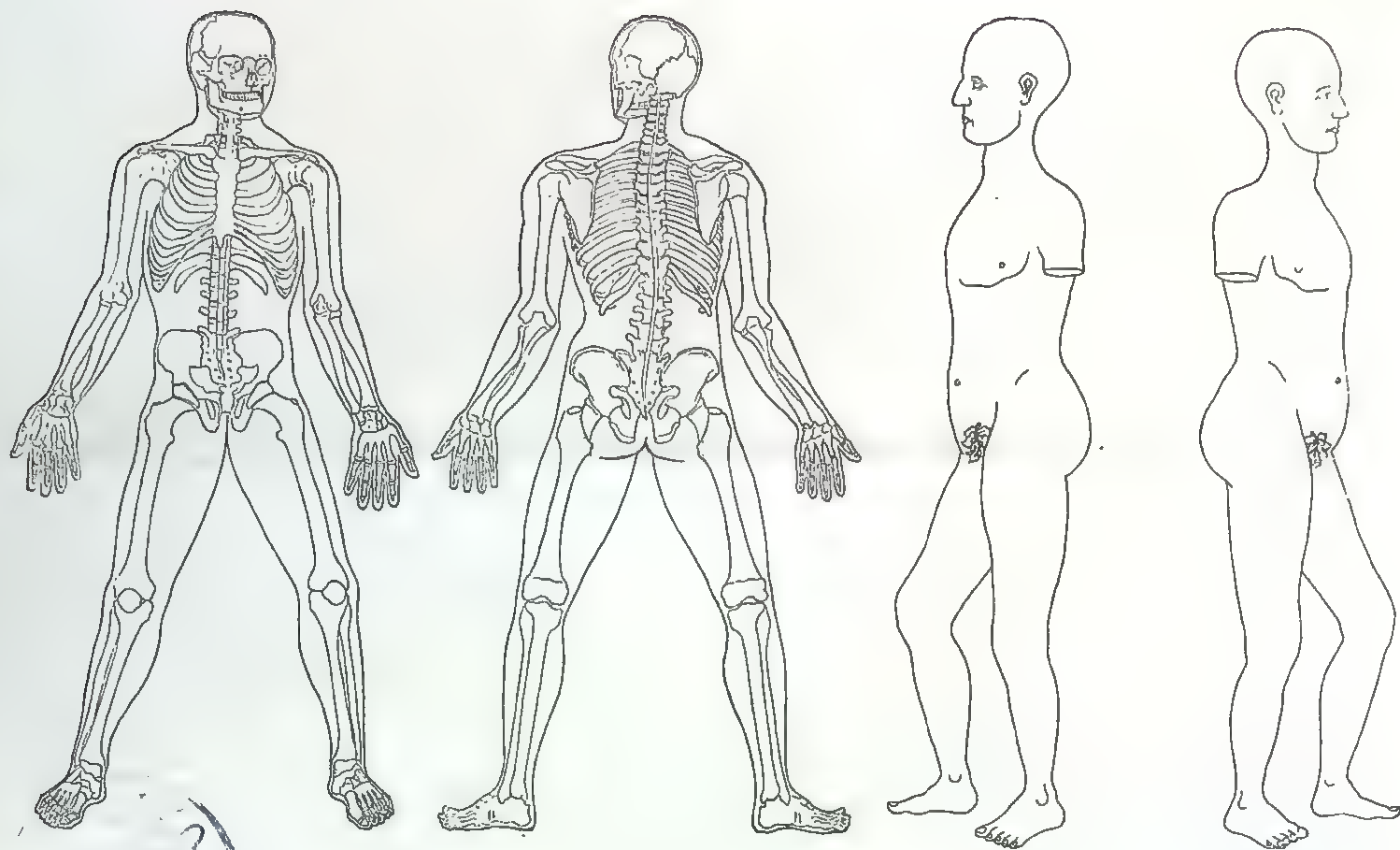
ment, .. . . . probable that the disability was incurred in the service as he claims, and that it has

Here give rating for each cause of disability, and state the aggregate.

not been aggravated or prolonged by vicious habits. He is, in our opinion, entitled to a 1/2 grade rating for the disability caused by Expenditure & results, for that caused by \_\_\_\_\_, and \_\_\_\_\_ for that caused by \_\_\_\_\_, the sum of which aggregates \_\_\_\_\_.

\* See the back.

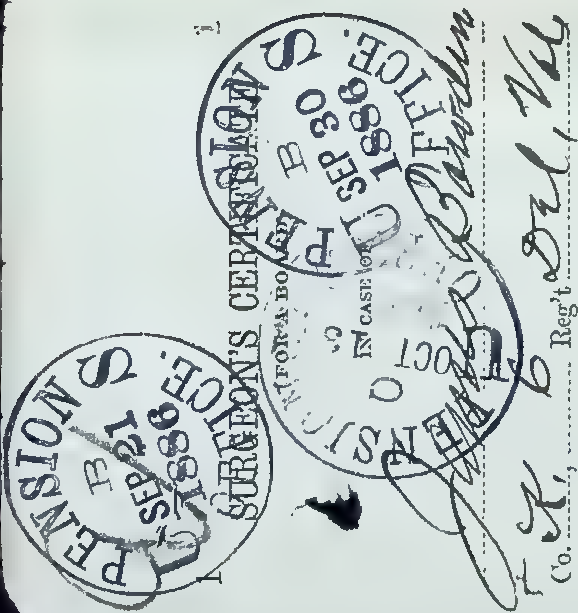
2, Absent  
 A. B. Bridge, Pres.,  
 D. D. Down, Sec'y,  
 Treas., } BOARD.



did not the President of Board  
 sign this certificate. Each organ of special  
 sense should be named & the condition of  
 the same stated separately. Please name  
 the results of dissection for which you vote. It  
 is desired to have a rating for each of  
 every dissection found.

*J. N. W.*

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]



### Application for Pension.

No. 578338

Date of examination: Aug 25/86

*S. J. Bishop*  
*J. H. D. L. V.*

Examining Surgeon.

Post office,

*Doon*

County,

*Kenn*

State,

*Del*

P. S.—Write your Post-office address plain and in full.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post office address.

Pension Claim No. 378,358

Rank, Pri

Company K, 6 Reg't Del. Vol. 100th Del. State,

(Post office address of the Board.)

Nov 20, 1889

(Date of examination.)

We hereby certify that in compliance with the requirements of the law\* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability.

Dysentery and effects of sun stroke

If a pensioner, fill in the amount, if not, erase the whole line.

and that he receives a pension of \_\_\_\_\_ dollars per month.

Pulse rate per minute, 86; respiration, 18; temperature, 99.2; height, 6 feet 0 inches; weight, 183 pounds; age, 45 years.

He makes the following statement upon which he bases his claim for: *Orig: First head moses while at Ft. Del. Aug 10/863 followed by dysentery which continued until end of term of service.*

Here give the claimant's statement as briefly and as compactly as possible.

*My sun stroke also came on in Aug 28/863 was unconscious for 1 hour followed by severe pain in head & dizziness. Since then he has dyspepsia & dysentery & has 1 week in each year has suffered from pain in head vertigo & palpitation of heart when sun exposed to hot sun.*

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

*Upon examination we find the following objective conditions: Tongue furred & red edges no indentation, skin & complexion normal pharynx congested no enlargement of the follicles. Stomach & bowels tender & tympanitic. Liver slightly enlarged but not tender. Spleen normal no tumor congested & veins enlarged and an small cystic tumor 1/2 in in diameter but no protruding or blood piles, nor prolapsus fissure nor fistula in ano.*

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

*The heart, lungs and all other internal organs healthy.*

*Vision impaired can read Snellen test type J=8. at distance of twenty feet no inflammation nor enlargement of sclerotic. No granulation of lids, trochorum pterygium ectropion nor entropion - all other organs of special sense normal.*

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, \_\_\_\_\_ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *6/8*

Rate for each cause of disability.

If prolonged by vicious habits, the word not should be erased and the reason for the cause given.

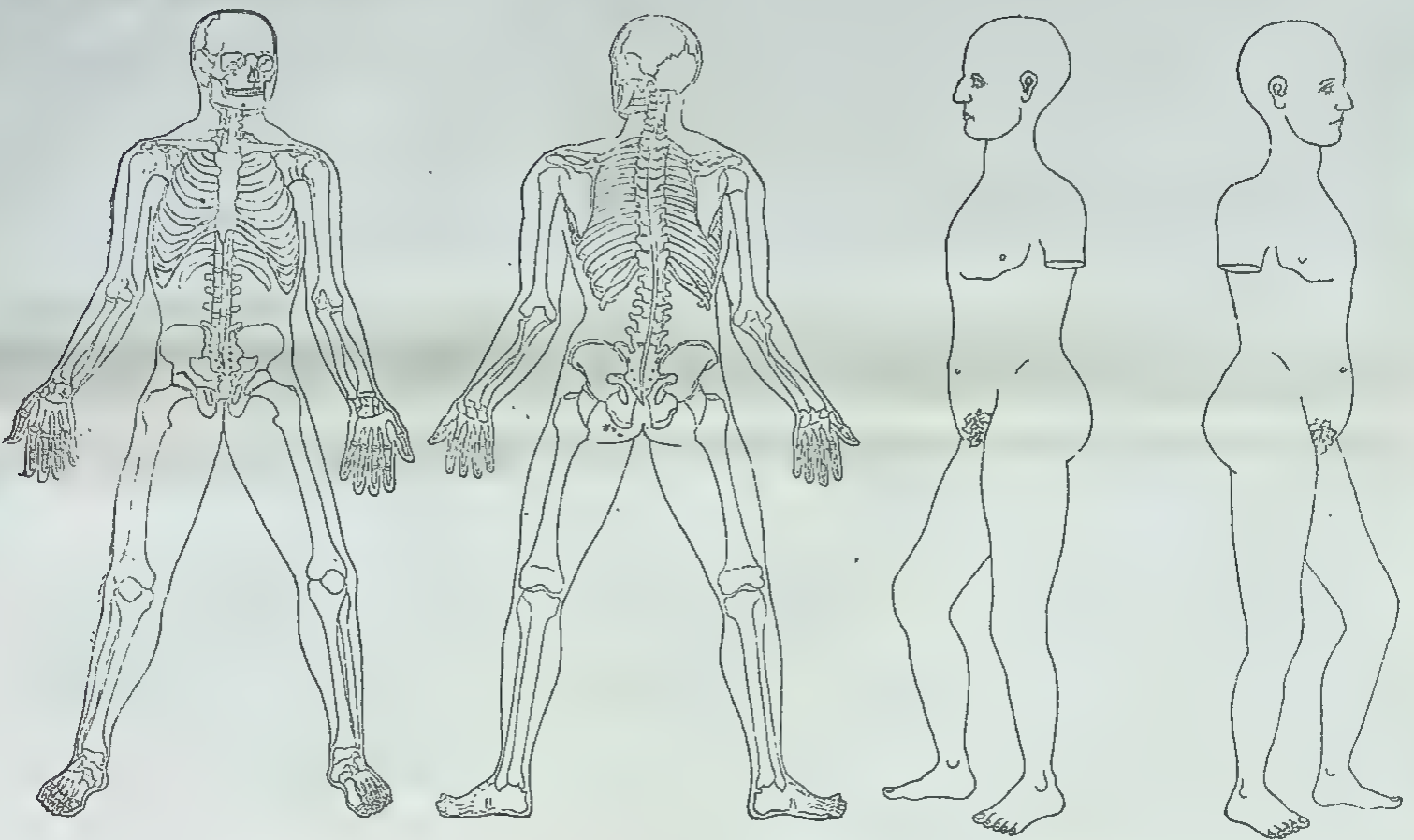
rating for the disability caused by *Dysentery*, \_\_\_\_\_ for that caused by *Sun stroke* and *Effects* caused by \_\_\_\_\_

\* See the back.  
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

*W. H. Wilson*, Pres. *A. A. Biddle*, Sec'y. *W. H. Davis*, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.





Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Society," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and affix on the back of the same.

## SURGEON'S CERTIFICATE

IN CASE OF

*James J. Davidson,*  
*Col. 6 Regt. Ill. Inf.*

*Applicant for Discharge*

No. 376358

DATE OF EXAMINATION:

*Nov-20*, 188*9*.

*W. L. Williams, Pres.,*  
*W. H. B. Smith, Secy.,*  
*W. D. Smith, Treas.,*

BOARD.

Post office, *St. Louis*

County, *St. Louis*

State, *Ill.*

P. S.—Write your Post-office address plainly and in full.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

*2112*



Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post-office address.

Pension Claim No.

Rank,

Company

Reg't

Det.

Co.

Princip.

State,

[Post-office address of the Board.]

[Date of examination.]

1890.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz:

Chronic Diarrhoea & hemorrhagic piles, Headache & vertigo, result of Dysentery.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of

Eight 181

dollars per month.

He makes the following statement upon which he bases his claim for

[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

"In August 1863 I received a dysentery at Ft. Delaware. Before that I had nearly all 10th Regt. At that time I was taken with diarrhoea & have had it ever since & have fever in my lower bowels. I cannot do a day's work or sleep. My head cannot stand sun. For 1st night I cannot sleep. Some mornings I can hardly get out of bed on account of weakness."

Upon examination we find the following objective conditions: Pulse rate, 88; respiration, 19; temperature, 98.5; height, 6 feet 1 1/2 inches; weight, 167 pounds; age, 47 years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889.

Tongue slightly furled. Skin in good condition. Some tenderness on pressure over stomach. Good condition of muscles. Liver & spleen normal. Some tenderness in left iliac region. Spleen has some white spots on chest & trunk.

Rectum slightly inflamed with evidence of old ulcerations. No hemorrhoids now.

Heart sounds weak & intermittent irregularly, with feeble heart action.

Pulse rate, sitting 88. Standing 88.

Heart slightly dilated, with some cyanosis.

Lungs normal. No cerebro-spinal symptoms.

He is, in our opinion, entitled to a

2/8

Rate for EACH cause of disability.

rating for the disability caused by

Chronic Diarrhoea

8/8

for that caused

by Dilated Heart

and

for that caused by

Pres.

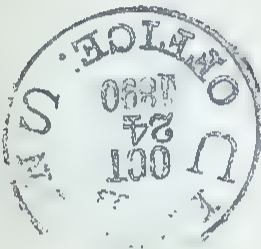
[Signature]

Sec'y.

[Signature]

Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.



SURGEON'S CERTIFICATE

IN CASE OF

*James V. Borden*

Co. K, 6 Reg't Del. Inf.

Applicant for *Increase*

No. *464202*

DATE OF EXAMINATION:

*October 22*, 189*0*.

*Richard D. Smith, Pres.*  
*William D. Smith, Sec'y.*  
*John W. Smith, Treas.*

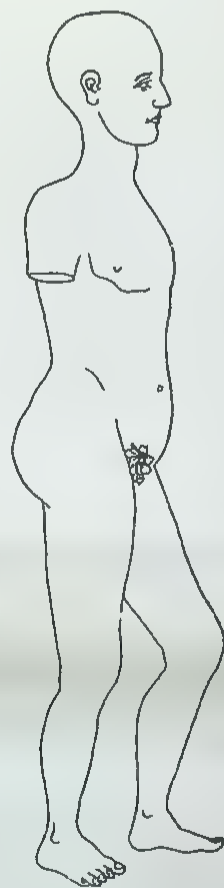
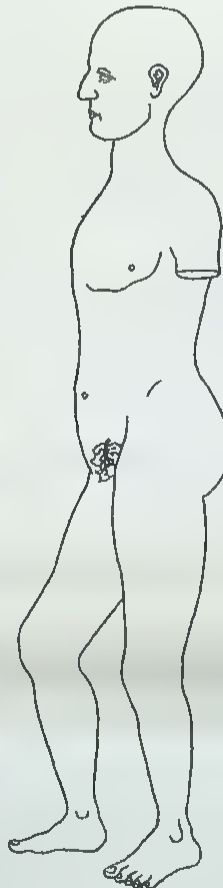
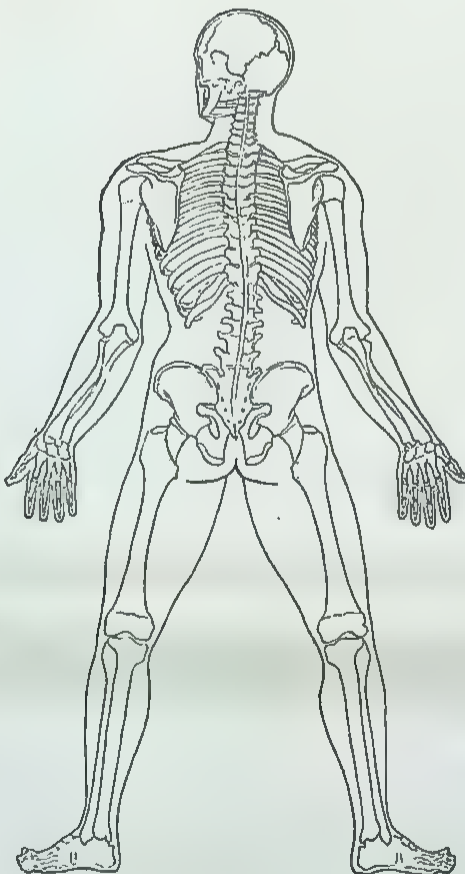
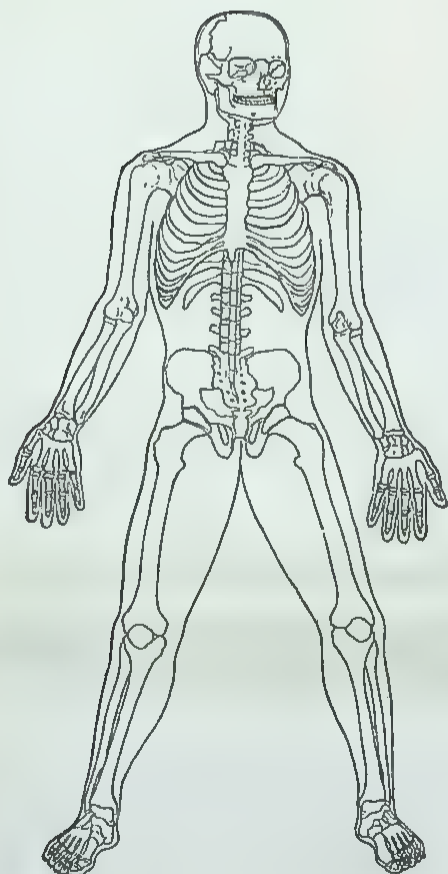
BOARD.

Post office, *Prince George*

County, *Prince George*

State, *Maryland*

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]





Therefore rate *Nervy*, *Twenty* of four  
dollar per month. *Recommendation*  
in both shoulders and left knee  
no swelling enlargement or deform.  
motion of them is *exceptional* &  
slight stiffness about joints  
normal. He also has *humbors*  
& *stiff* under *thigh* muscles  
all other muscles joints & tendons  
except as above described normal  
or therefore rate of four dollars  
per month. no other disease  
found to exist - *Claimant*  
*disqualified* per manual to work  
one half of his time



SURGEON'S CERTIFICATE

IN CASE OF  
*Alfred B. Bowden*  
*C. H. C. Reg't*

Applicant for *Additional*

No. *464202*

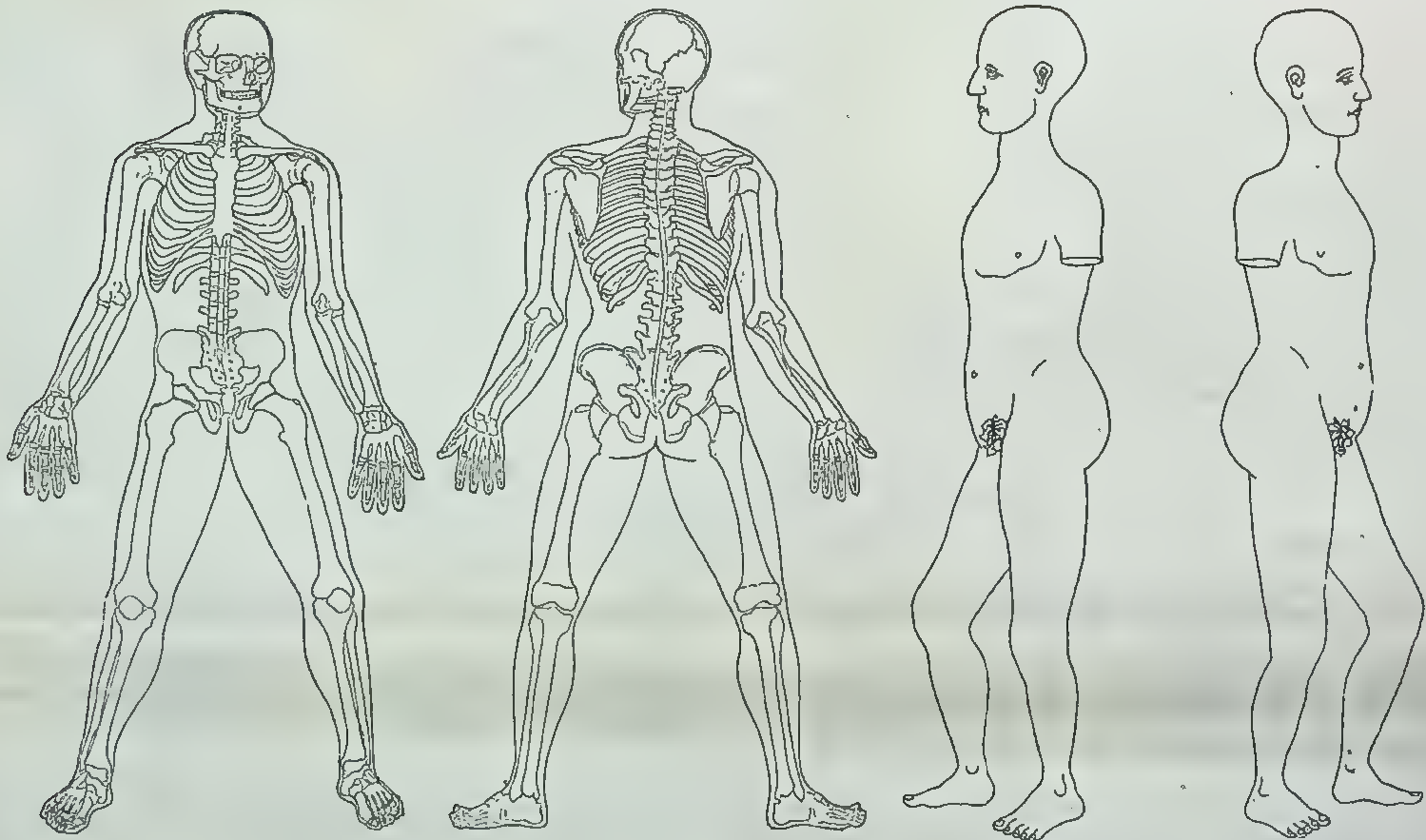
DATE OF EXAMINATION:

*Oct 26*, 1892

BOARD.  
*W. Wilson*, Pres.,  
*W. H. Dwyer*, Sec'y,  
*W. J. Davis*, Treas.,  
Post office, *Waver*  
County, *Kent*  
State, *Ind*

P. S.—Write your Post-office address plainly and in full

*Rawlin*



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]



## SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.

Pension Claim No.

Address of Board.

P. O.

State.

1899

He receives a pension of Eight dollars per month.He makes the following statement upon which he bases his claim for increase

Has diarrhea in both summers and winters, has the piles with bloody discharges, is often dizzy and faint, has some headache, got a runstrake

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, which should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 70 84. 94, respiration, 18 20. 24, temperature, 98.4

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

height, 5 feet 1 inches; actual weight, 200 pounds; age, 55 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Diarrhea: flux abundant, liver and spleen normal, tongue coated & fissured & cracked. Skin fairly good. Eyes not clear. Rating none.

Piles: Has two piles one on each side, one on posterior. Part of rectum, rectum engorged & sensitive, no ulceration no hemorrhoids, no fistula. Size of piles about that of rubber tip.

Rating from eight months.

General debility: Tired nearly gone, has been in hospital for some time & about 10 days of debility. Rating from eight months.

My sign of vicious habits. On other disabilities found to exist.

W. R. Morrison, Pres. L. M. Cahall, Sec'y. W. R. Morrison, Treas.

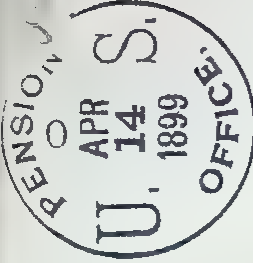
N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. E. R. Layton, Dr. L. M. Cahoon, and Dr. Wm. R. McNeill were personally present and actually participated in the examination of James P. Borden the claimant in this case, on 5 day of April, 1899." (Signature.) L. M. Cahoon

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_." (Signature.) \_\_\_\_\_



SURGEON'S CERTIFICATE

IN CASE OF

James P. Borden  
Co. A, 6 Reg't 1st Col Inf

APPLICANT FOR Discharge

No. 464202

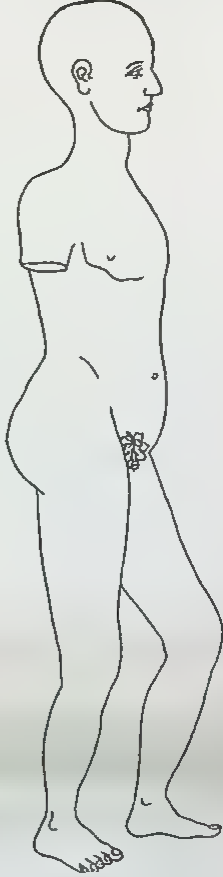
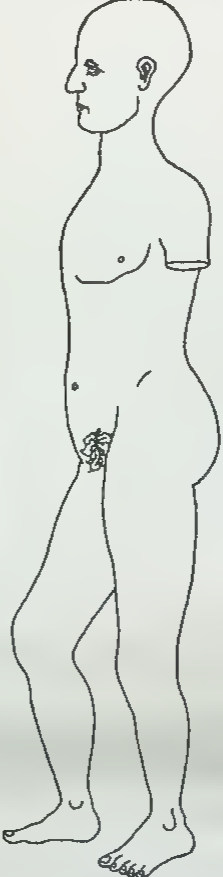
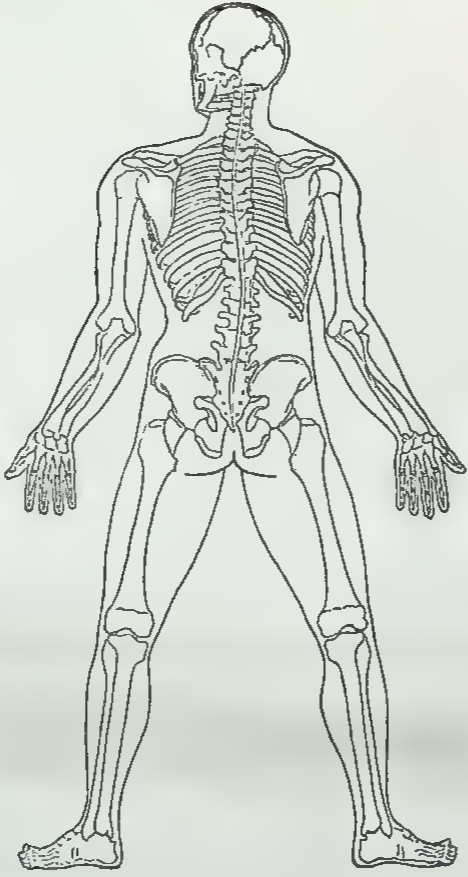
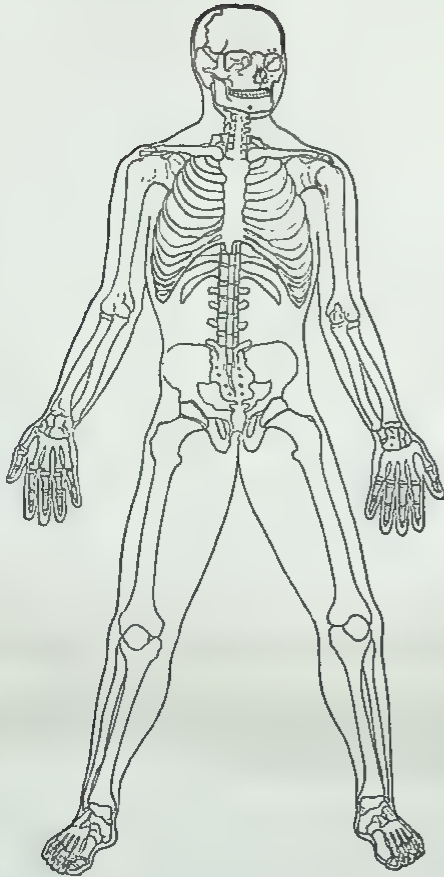
DATE OF EXAMINATION:

April 5, 1899  
E. R. Layton, Pres.,  
L. M. Cahoon, Sec'y,  
Wm. R. McNeill, Treas.,  
BOARD.

Post office, Greenland  
County, Sumner  
State, Delaware

P. S.—Write your Post-office address plainly and in full.

W. H. S.



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.  
"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

No. 578,008

NAME OF CLAIMANT,

James P. Borden

NAME OF SOLDIER,

James  
Co. 6<sup>th</sup>, Reg't 1<sup>st</sup> Ill Vol Inf

VI

to never but my  
husband is gone out of  
his suffering.

Yours

Mrs Mary M. Bonden  
Seaford Dela  
Route 1. Box 126





V

and the whole union  
he found bravely the story  
he told me of the story  
that he has gone with  
out a drink of water  
or a mouthful of food  
and when he did ~~take~~  
it it was old standing  
water or old hard bread  
for he did his duty he  
found for his country  
thank you if you  
do not help me I will  
have to go without  
food and some things

War Department,

ADJUTANT GENERAL'S OFFICE,

578,358

Washington, Dec. 31., 1886.

Respectfully returned to the Commissioner of Pensions.

James P. Bowden, a priv. of Company "E",  
6 Regiment Del. Inf. Volunteers, was enrolled on the  
20 day of Nov., 1862, at Gummers, for 9 mos.,  
and is reported: Mustered out with the Co. at  
Wilmington, Del., Aug. 22/63. No other  
A.M. rolls of this Co. on file in this office.  
No returns on file.

The records of this office furnish no  
evidence of disability.

W.M.P.

R. C. Loomis

Assistant Adjutant General.

(2.)

*[Signature]*

RECORD OFFICE

3-404 ad.

*East* Div., *A. L. W.*, Ex'r.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C. *Jan. 18, 1894.*

Respectfully referred to the Chief of the  
Record and Pension Office, War Department,  
requesting a full military and medical his-  
tory of the soldier *during his service*  
*in the War of the Rebellion.*

No other report on file.

*Letf* No. *464202.*  
Name, *James P. Bowden,*  
Co. *H* 6<sup>th</sup> Reg't *Del. Vol. Inf.*

Commissioner.

0-4

Address: "Chief of the Record and Pension Office  
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT,

Washington, D. C.

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of  
*James P. Bowden, Co. H*  
*6 Del. Inf. (also known as*  
*Capt. Adair's Co. temporarily*  
*attached to 5<sup>th</sup> Del. Inf.) military*  
*records furnish the following*  
*information additional*  
*to that contained in report*  
*of Dec. 31/88:*

"This man is not con-  
sidered by this Depart-  
ment to have been in the  
service of the U. S. prior  
to Jan. 27/63, the date  
from which the roll  
shows pay due."

*Nothing James P. Bow-*  
*den not found.*

The medical records show him treated as fol-  
lowing: *as Jas. P. Bowden,*  
*Capt. H. 5 Del. Inf. Aug. 11/63*  
*(no diagnosis). Aug.*  
*63. (no diagnosis)*  
*Nothing additional found.*

EAST. D.

JAN 21 1894

RECEIVED

BY AUTHORITY OF THE SECRETARY OF WAR:

*H. H. H. H.*

Colonel, U. S. Army

(323a-a)

# AFFIDAVIT FOR NEIGHBORS' AND GENERAL PURPOSE.

STATE OF Delaware COUNTY OF Durham SS

In the matter of Juanita Duran Claim No 578338  
of James P. Borden wife - in C. K. - 6<sup>th</sup> Regt 2<sup>nd</sup> Col

ON THIS 31<sup>st</sup> day of December A. D., 1886, personally appeared before me  
A Notary Public in and for the aforesaid county, duly authorized to administer oaths  
Nathaniel H. Phillips aged 55 years, a resident of Mission  
aged \_\_\_\_\_ years, a resident of \_\_\_\_\_

well known to me to be reputable and entitled to credit, and who being duly sworn, declare in relation to aforesaid case, as follows:

This defendant says he is well and intimately acquainted with one James P. Borden. I have known a sound and healthy man - prior to enlistment - After the time James P. Borden was discharged and while at home - from the Army - I found him suffering badly with a long term attack of Dysentery - and Portigo on the head - and Portigo being the result of a small stroke received while James P. Borden while in the Army. I know the fact from the fact that he is not more than 1/2 of a man for some time in consequence of his Bowels - and head - the Cause of the trouble in the Army - on some occasions as a cause of his head - and a constant series of a fair days with a constant of the constant minor in his Bowels - never to my knowledge - having got rid of the Dysentery - Contrasted while in the Army - in the regular line of the Army - and without any form of his

My Post Office address is Mission Durham County Delaware  
I further declare that I have no interest in said case, and am not concerned in the

prosecution.

Nathaniel H. Phillips

(Affiant's Signature.)

John W. Lupton  
John W. Lupton  
(If Affiants sign by mark, two persons who can write sign here.)

IMPORTANT. - If testimony is given as to physical condition of claimant, it should be stated how long you have known him. If before his enlistment was he sound and free from his present disability; and what his physical condition was when you first saw him after his discharge; what he complains of, and about to what extent (1/2, 1/4, 1/8, 1/16, 1/32, or how much it has disabled him yearly during your knowledge of his case; also state how you know the fact to which you testify.



STATE OF

COUNTY OF

SS

Sworn to and subscribed before me this day by the above named affiant; and I certify that I read said affidavit to said affiant and acquainted him with its contents before me executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that he is a credible person.

14

.....credible person.

*Samuel W. Gayton*  
(Official Signature.)

*Notary Public*  
(Official Character.)

I, \_\_\_\_\_ Clerk of the County Court, in and for aforesaid County and State, do certify that \_\_\_\_\_ Esq., who hath signed his name to the foregoing affidavit, was at the time of so doing \_\_\_\_\_ in and for said County and State, duly commissioned and sworn; that all official acts are entitled to full faith and credit, and that his signature thereto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 188\_\_\_\_\_

[L. B.]

Clerk of the

NOTE.—This should be sworn to before a *Clerk of Court, Notary Public, or Justice of the Peace*. If before a *Justice or Notary*, then *Clerk of County Court* must add his certificate of character on the back before, and not on a separate slip of paper.

## ADDITIONAL TESTIMONY.

## In Claim of

The Countess of  
James P. Borden

12-6-62

For \_\_\_\_\_  
 Dr. J. P. Benson

No.

## CHILD BY

**J. W. FLENNER & Co.,**

**Attorneys:**

WASHINGTON, D.C.

JAMES P. BOWDEN,

SEAFORD DEL

464202

ACT MAY

R R 1

SECTION 1

MAY 9 - 1925

d at the rate of \$ . 50

APR 4 - 1925

ded from the roll because of Death

Apr. 24, 1925

*C. J. Randall*

Washington, D. C.

JAMES P. BOWDEN,

R.F.D.I.,

464202

JUNE 28-1892

SEAFORD, DEL.

Port. & 6" Del V.I.

Chr. diarr - piles - headache  
and other ailments at present  
and present address?

3. Name of regiment which served?
4. Service?
5. Any prior or sub. service?
6. Date of enlistment?
7. Date of discharge?
8. Battles?
9. Hospital?
10. Where born?
11. Age at enlistment?
12. Name of Captain?
13. Names of Lieutenants?
14. Name of 1st Sergeant?
15. Certificate.
16. Compare date of issue.
17. When first applied for pension?
18. Name of wife?
19. Signature.

*James P. Bowden*  
*William Bowden Thomas*

I CERTIFY THAT I HAVE THIS DAY  
PERSONALLY INTERVIEWED THE ABOVE  
NAMED PENSIONER, AND I AM SATISFIED  
THAT HE IS THE SOLDIER AND PENSIONER  
THAT HE REPRESENTS HIMSELF TO BE.

*H. F. Dean*  
Special Examiner.

Date  
*Feb 18-1911*

- 1 James P. Bowden
- 2 Sept 1st Del
- 3 Same name
- 4 Co K 6th Del Inf
- 5 None
- 6 June 1862
- 7 Aug 23. 1863
- 8 None
- 9 None
- 10 Sumner Co Del May 4-1844
- 11 Age at En 18
- 12 Capt Adams
- 13 no time remembering when
- 14 such a common thing then
- 15 no time remembering when
- 16 Dec 1st 1890
- 17 Before 1890 about 1886-7
18. Have been married  
 three times, first wife Mary Jane  
 Littleton died 40 years ago  
 and Sarah E. Moore died in  
 1886 Present wife is Mary  
 M. Mitchell and we were  
 married in this county 19 years  
 ago.

Height	5' 11"
Color,	Dark
Hair	Dark
Eyes	Blue



DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1915.

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

JAMES P. BOWDEN,  
R. F. D. I,  
464202 JUNE 28-1892  
SEAFORD, DEL.



- No. 1. Date and place of birth? Answer. *May 4, 1844 Gumboro Hundred Sussex Co.*  
The name of organizations in which you served? Answer. *Six Delaware Regiment, Company D.*
- No. 2. What was your post office at enlistment? Answer. *Gumboro, Dela.*
- No. 3. State your wife's full name and her maiden name. Answer. *Mary Margaret Bowden Mitchell*
- No. 4. When, where, and by whom were you married? Answer. *Gumboro Hundred  
Rev. Webster*
- No. 5. Is there any official or church record of your marriage? *No*  
If so, where? Answer. ....
- No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. *Yes!*  
*Sarah E. Married Aug 18, 1875 Died Sept 1, 1886*  
*Lovey Jane. Married Feb 14, 1868 Died Nov 1872*
- No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. *No*
- No. 8. Are you now living with your wife, or has there been a separation? Answer. *Yes*
- No. 9. State the names and dates of birth of all your children, living or dead. Answer.
- |                    |                    |
|--------------------|--------------------|
| Benjamin B. Bowden | Born Dec 4, 1868   |
| William S. Bowden  | " Aug 18, 1870     |
| Lorenzo Bowden     | " April 29, 1877   |
| Isaac M. Bowden    | April 15, 1879     |
| George E. Bowden   | April 23, 1882     |
| Lemuel H. Bowden   | Jan 9, 1886        |
| Lucinda Bowden     | Born April 6, 1894 |
| Charles J. Bowden  | " Dec 20, 1896     |
| Lewis Bowden       | July 23, 1906      |
| Arcy O. Bowden     | Aug 11, 1912       |
- Date *May 20, 1915*
- (Signature) *James P. X Bowden*  
(Witness) *Mrs. B. B. Bowden*

PLACE OF DEATH

# Certified Copy of a Certificate of DEATH FILED IN DELAWARE

County Sussex  
Hundred Seaford  
Village  
or City

No. \_\_\_\_\_ St.

FULL NAME

Isaac R. Broder

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
DATE OF BIRTH <u>May 4 1844</u> (Month) (Day) (Year)		
AGE <u>80</u> yrs. <u>9</u> mos. <u>20</u> ds.		
OCCUPATION <u>Farmer</u>		
BIRTHPLACE (State or Country) <u>Delaware</u>		
PARENTS	NAME OF FATHER <u>Isaac Broder</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Delaware</u>	
	MAIDEN NAME OF MOTHER <u>Nancy Betts</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Delaware</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>Isaac T. Broder</u>		
(Address) <u>Seaford Del</u>		

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH apl 24, 1925  
(Month) (Day) (Year)

CAUSE OF DEATH Chronic Myocarditis

(Signed) H. M. Manning M. D. or Coroner

apl 25 1925 (Address,) Seaford Del

PLACE OF BURIAL OR REMOVAL

Seaford

DATE OF BURIAL

apl 26 1925

UNDERTAKER

M. L. Watson Seaford Del

ADDRESS

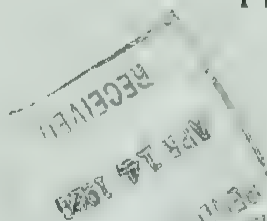
Filed apl 25 1925 REGISTRAR  
W. F. Harris

(SEAL)

I hereby certify that the above is a true copy

STATE BOARD OF HEALTH OF DELAWARE

BUREAU OF VITAL STATISTICS



April 5 1926

W. F. Harris  
Seaford, Delaware  
Local Registrar  
(STATE OR LOCAL)

# AFFIDAVIT FOR NEIGHBORS' AND GENERAL PURPOSE.

STATE OF Delaware COUNTY OF Sussex SS

In the matter of Invalid Pension of James P. Bowden

No 578-358 Private Corp. K. 6<sup>th</sup> Reg. Art<sup>y</sup> Vol.

ON THIS 27<sup>th</sup> day of August A. D., 1886, personally appeared before me

Notary Public in and for the aforesaid county, duly authorized to administer oaths

Shelley H. Shockley aged 46 years, a resident of Near Mississin, Sussex County

aged \_\_\_\_\_ years, a resident of \_\_\_\_\_

well known to me to be reputable and entitled to credit, and who being duly sworn, declare in relation to aforesaid case, as follows:

I certify that he was a near neighbor and  
acquainted with the claimant James P. Bowden  
for fifteen years before he enlisted in the Army  
of the War of the Rebellion, and that up to that  
time of said enlistment he was a sound healthy  
man, and that since his discharge from the  
Army in August 1863, he has had been troubled  
with Brachia and disease of the Head, has  
been him to be for two weeks at a time to  
have his head bandaged up and not able  
to do any work at all, I do not believe he is  
able at this time to do manual labor at all,  
or more than one fourth of his time,  
Now these facts from being a near neighbor  
since the war and from personal knowledge

My Post Office address is Near Mississin, Sussex County, Delaware

I further declare that \_\_\_\_\_ no interest in said case, and \_\_\_\_\_ not concerned in its prosecution.

Shelley H. Shockley  
(Affiant's Signature.)

Frank Jones  
John W. Hickman  
(If Affiants sign by mark, two persons who can write sign here.)

**IMPORTANT.**—If testimony is given as to physical condition of claimant, it should be stated how long you have known him. If before his enlistment was he sound and free from his present disability; and what his physical condition was when you first saw him after his discharge; what he complains of, and about to what extent (0% 1% 2% 3% 4% 5% 6% 7% 8% 9% 10%), or how much it has disabled him yearly during your knowledge of his case; also state how you know the fact to which you testify.

STATE OF Delaware

COUNTY OF Sussex

SS

Sworn to and subscribed before me this day by the above named affiant; and I certify that I read said affidavit to said affiant and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that he is credible person.

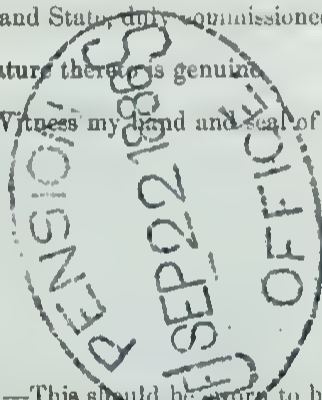
Amiel B. Morris  
(Official Signature.)

Notary Public  
(Official Character.)

L. S.

I ..... Clerk of the County Court, in and for aforesaid County and State, do certify that ..... Esq., who hath signed his name to the foregoing affidavit, was at the time of so doing ..... in and for said County and State, duly commissioned and sworn; that all official acts are entitled to full faith and credit, and that his signature thereon is genuine.

Witness my hand and seal of office, this ..... day of ..... 188 .....



[L. S.]

Clerk of the .....

NOTE.—This should be sworn to before a Clerk of Court, Notary Public, or Justice of the Peace. If before a Justice or Notary, then Clerk of County Court must add his certificate of character on the back before, and not on a separate slip of paper.

ADDITIONAL TESTIMONY.

In Claim of

James P. Borden

1906 - 6 "Del. Inf."

Orig. Pension

No. 31783518

[Signature]

FILED BY

J. W. FLENNER & Co.,

Attorneys.

WASHINGTON, D.C.



Widow Division  
W.O.1243187  
James P.Bowden  
K.6th Del Inf

Seaford Delaware  
April 26th 1926

State of Delaware

County of Sussex SS

On this 26th day of April A.D.1926, personally appeared before me  
James K. Phillips a notary public for the State and County aforesaid  
Joseph F. Burton age 59 years who being sworn in due form of law did  
depose and Say that he ~~knows~~ knows of his own Knowledge that Mary M.  
Bowden has a boy (Oliver Bowden) and that he was Born in the year 1912  
and is Still living with his Widowed Mother, at the same time appeared  
George W. Bowden <sup>age 44 years</sup> who being sworn also Says by his own knowledge that  
Oliver Bowden Still lives with his widowed Mother Mary M. Bowden  
and was borned in the Year 1912,

*Joseph F. Burton*  
-----  
*George W. Bowden*  
-----

Sworn to and subscribed before me this 26th day of April A.D.1926

*James K. Phillips*  
-----  
notary public

Iss May 6

3-438

Cert. 464.202

Act July 14, 1862  
ACT OF MAY 1, 1920

ACCRUED PENSION

Class Enlist

Pensioner James P. Bowden

Date of death April 24, 1925 Certificate not filed.

Claimant Mary M. Bowden, widow  
R.R. #1, Box 126  
Seaford  
Delaware

Attorney no

Address ✓

The fee of \$ \_\_\_\_\_ allowed on issue of  
\_\_\_\_\_ to \_\_\_\_\_  
of \_\_\_\_\_ to be paid when  
payment is made on accrued.

Submitted Ad April 29, 1926, J. S. Sadler, Examiner.

Approved for admission

J. M. Riffel, Reviewer, May 1, 1926  
\_\_\_\_\_, Rereviewer, \_\_\_\_\_, 19\_\_\_\_

Claimant \_\_\_\_\_ writes.

no

M. C.

widow's

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. EXACT STATEMENTS MUST BE GIVEN. SEE EXTRACT OF LAW ON BACK OF CERTIFICATE.

1 PLACE OF BIRTH

County of Seaford  
Hundred of Seaford  
or  
Village of  
or  
City of

STATE OF DELAWARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registered No. ....

2 FULL NAME OF CHILD

Oliver Bowden

If child is not yet named, make supplemental report, as directed

3 SEX OF CHILD

Male

4 Twin, Triplet, or other?

5 Legitimate

yes

6 Color or Race

white

7 DATE OF BIRTH

Aug 11 1912 A.M.  
(Month) (Day) (Year) 3 P.M.

8 FULL NAME

FATHER

Jas. P. Bowden

14 FULL MAIDEN NAME

MOTHER

Mary M. Mitchell

9 RESIDENCE

Delaware

15 RESIDENCE

Del.

10 COLOR OR RACE

white

11 AGE AT LAST BIRTHDAY

68  
(Years)

16 COLOR OR RACE

white

17 AGE AT LAST BIRTHDAY

38  
(Years)

12 BIRTHPLACE (State or Country)

Del

18 BIRTHPLACE (State or Country)

Del

13 OCCUPATION

Farmer

19 OCCUPATION

House wife

20 No. OF CHILD BY THIS MOTHER

3rd

No. OF CHILDREN BY THIS MOTHER NOW LIVING

3rd

21 PROPHYLACTIC USED IN EYES

22 Certificate of Attending Physician or Midwife \*

I hereby certify that I attended the birth of above child, and that it occurred on Aug 11 1912, at 3 P. M.

24 { \* When there was no attending physician or midwife, then the father, householder, etc., MUST make this return. See Law on back.

(Signature)

[Signature]  
Attending physician, midwife, father, etc.

Address

Seaford Summ Del  
City, Town County State

25 Given or christian name added from a supplemental report

Dated

Aug 12 1912

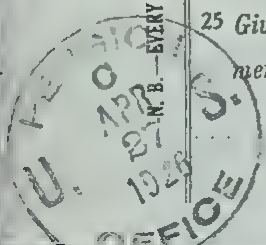
23 Filed

10

LOCAL REGISTRAR

LOCAL REGISTRAR

Signed by above apl.



## STANDARD CERTIFICATE OF BIRTH

Laws of Delaware in Effect July 1, 1913.

Section 5. That all births that occur in the State shall be immediately registered in the registration district in which they occur, as provided by this act.

Section 6. That it shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this act, with the Local Registrar of the district in which the birth occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, householder or owner of the premises, manager or superintendent of public or private institutions in which the birth occurred to notify the Local Registrar, within ten days after the birth, of the fact of such birth having occurred. It shall then in such case, be the duty of the Local Registrar to secure the necessary information and signature to make a proper certificate of birth provided, that in cities the certificates of birth shall be filed at a less interval than ten days after birth, if so required by municipal ordinance (or regulations) now in force or that may hereafter be enacted.

That stillborn children or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the Local Registrar, in the usual form and manner, the certificate of birth to contain, in place of the name of the child, the word "Stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "Stillborn." With the cause of the stillbirth, if known, whether a premature birth, and, if born prematurely, the period of uterine gestation, in months, if known; and a burial or removal permit in the usual form shall be required. Midwives shall not sign certificates of death for stillborn children; but such cases, and stillbirths occurring without attendance of either physician or midwife shall be treated as deaths without medical attendance.

That each physician shall be entitled to be paid the sum of ten cents for each birth certificate of a child born after this act goes into effect, properly and completely made out and registered with the Local Registrar of the district in which the birth occurred.

The Local Registrar shall certify to the State Registrar the amount thus due each physician on the first day of each year.

The State Registrar shall then draw by warrant, from the County Treasurer of each county, the amount due the physician for said certificates in each county, provided said amount shall tally with the Birth Certificates registered in the Bureau of Vital Statistics, and shall immediately on receiving said moneys from said County Treasurer pay said physicians as provided in this section.

Any physician or person present at the birth of any child, or (if not present at the time of the birth of the child) who attends the case of any mother during her lying in period, shall within twenty-four hours report said birth to the State Registrar of Vital Statistics on a form supplied by the State Registrar. This form shall contain the following information:

(1) Name of Father and Mother.

(2) Date of Birth of the child, and such other information as the State Board of Health may require.

This report shall in no way supplant or relieve any responsibility for filing a certificate of the birth as provided for in this section. Any person failing to make the reports as provided in this section shall be liable to the penalties provided in Section 14 of this act.

Section 7. That the certificates of birth shall contain the following items: See certificate.

Section 15. If any physician or midwife shall neglect or refuse to comply with the duties imposed on such person or persons, by any part or parts of this act, he shall be fined not less than Five or more than Twenty-five Dollars for each and every case so neglected or refused; to be recovered before any Justice of the Peace. No penalties under this section to interfere with the specific penalties laid down in this act.

## LAWS OF DELAWARE 1917.

### Chapter 51, Section 3.

It shall be the duty of physicians, midwives, or other persons in attendance upon cases of childbirth to use some prophylactic against inflammation of the eyes of the new-born and to make record of the prophylactic used, and to endorse the details thereof on every Birth Certificate.



**JAMES K. PHILLIPS**

**JUSTICE-OF-THE-PEACE  
NOTARY PUBLIC**

LICENSED CONVEYANCER

SEAFORD, DEL. April 9th 1926

State of Delaware

County of Sussex <sup>SS</sup>

On this 9th day of April A.D. 1926 personally appeared before me  
James K. Phillips a notary public for the State and County aforesaid  
Benjamin B. Bowden age 38 years and George W. Bowden age 44 years who  
being sworn in due form of law did depose and say that they knew of  
their own knowledge that James P. Bowden and Mary M. Bowden did live  
together as man and wife from their Marriage in the year 1891 until  
the death of the said James P. Bowden and were never divorced,

*Benjamin B. Bowden*  
\_\_\_\_\_  
*George W. Bowden*  
\_\_\_\_\_

Sworn to and subscribed before me this 9th day of April A.D. 1926

*James K. Phillips*  
\_\_\_\_\_  
notary public

APR 11 1926  
NOTARY PUBLIC

# JAMES K. PHILLIPS

JUSTICE-OF-THE-PEACE  
NOTARY PUBLIC

LICENSED CONVEYANCER

SEAFORD, DEL. April 8th 1926

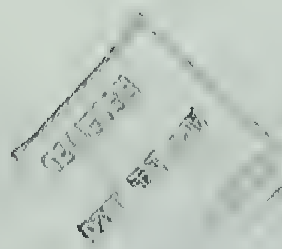
State of Delaware  
County of Sussex SS

On this 9th day of April A.D. 1926, personally appeared before me James K. Phillips a notary public for the State and County aforesaid, Benjamin B. Bowden age 48 yrs who being sworn in due form of law did depose and say that he is the son of James P. Bowden by his First wife Lovey Bowden and that she the said Lovey Bowden <sup>died</sup> when he was a small boy and that his Father James P. Bowden did marry again, and at the same time appeared George W. Bowden who being sworn did depose and say that he is the son of James P. Bowden by his Second Wife Sarah E. Bowden and that she the said Sarah E. Bowden died when he was a small boy and that his father James P. Bowden did on the 29th day of September 1901 Marry Mary M. Mitchell and they both say that by their personal knowledge that their father James P. Bowden was never Married other than Stated above,

Benjamin B. Bowden  
George W. Bowden

Sworn to and subscribed before me this 9th day of April A.D. 1926

James K. Phillips  
notary public



## DECLARATION FOR WIDOW'S PENSION

Act of May 1, 1920

State of Delaware, County of Sussex, ss:

On this 12 day of March, 1926, before me, the undersigned, personally appeared Mary M. Bowden, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920.

That she is 52 years of age, that she was born Sept 14, 1873 at Lower Cross Roads, Delaware

That she is the widow of James P. Bowden, who ENLISTED 1861, at James P. Bowden, in 6th Del. Regiment, C. I., under the name of James P. Bowden, (Here state company and regiment, if in the Army; or vessel, if in the Navy) and was honorably

DISCHARGED 1861, having served ninety days or more, or was discharged for, or died in service of the United States of a disability incurred in the service in the line of duty, during the CIVIL WAR, and who DIED April 24, 1925, at Cannon, Del.

That he also served in \_\_\_\_\_ (Here give a complete statement of all other military or naval service, if any, at whatever time rendered)

and that, except as herein stated, said soldier (or sailor) was not employed in the military or naval service of the United States;

THAT SHE WAS MARRIED to said soldier (or sailor) Oct 1, 1890 or 1891, under the name of Mary M. Mitchell, at Seaford, Delaware by M. E. preacher; that she had not been previously married, that he had not been previously married;

Mrs. Bowden's first husband, 1. Samuel Littleton died near Haverhill, Del. Feb 1891. (If there was a prior marriage of either, the name and the date and place of death or divorce of the former consort, or consorts, should be stated)  
2. James P. Bowden died Sept 1, 1895 at Cannon, Del.

That neither she nor said soldier was ever married otherwise than as stated above.

That she was NOT divorced from the soldier (or sailor) and that she has NOT remarried since his death;

That the following are the ONLY children OF THE SOLDIER (or sailor) who are now living and are under sixteen years of age: (If he left no children under sixteen years of age, the claimant should so state)

Bluier Bowden, born Aug 11, 1913, at Cannon, Del.  
born \_\_\_\_\_, 1\_\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, 1\_\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, 1\_\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, 1\_\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, 1\_\_\_\_\_, at \_\_\_\_\_

That she not serve in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period. (Did or did not)

That no member of her family served in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period. (If any members of claimant's family were in the military or naval service during the

period mentioned, state the full name under which each such member served, with the designation of the organization in (or vessel on) which such service was rendered, together with the dates of enlistment and discharge. State also whether any such members are dead, and if so, give the names)

That she has not heretofore applied for pension, the number of her former claim being \_\_\_\_\_; that said soldier (or sailor) was a pensioner, the number of his pension certificate being papers are lost.

(1) C. G. Smith  
(Signature of first witness)  
Cannon, Del.  
(Address of first witness)  
(2) James P. Bowden  
(Signature of second witness)  
Seaford, Del.  
(Address of second witness)

Mary M. Bowden  
(Claimant's signature in full)  
Seaford, R. F. D. Rt 1, Box 126  
(Claimant's address in full)  
Delaware

Subscribed and sworn to before me this 12th day of March, 1926, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

James H. Shultz  
(Signature)  
Seaford, Del.  
(Official character)  
Seaford, Del.  
(Post office address of officer)

Validity accepted  
as to execution  
per Chief, Record Division.

CLAIMANT SHOULD COMPLY FULLY WITH THE INSTRUCTIONS ON THE BACK OF THIS DECLARATION



Act of May 1, 1920

## DECLARATION FOR WIDOW'S PENSION

Number I.C. 464202

Claimant Mary M. Bowden

Soldier Bowden, James P.

Service K 6 Del. Inf.

GOVERNMENT PRINTING OFFICE

## ACT OF MAY 1, 1920

Under the provisions of the Act of May 1, 1920, the widow of any person who served in the Army, Navy, or Marine Corps during the Civil War for ninety days or more, and was honorably discharged, or regardless of the length of service was discharged for or died in service of a disability incurred in the service in line of duty, may be entitled to pension, without regard to her financial condition, provided she was married to him prior to June 27, 1905. The rate of pension is \$30 per month, and \$6 additional for each of his children under the age of 16 years. Pension commences from the date of filing a valid declaration in the bureau.

"That no claim agent or attorney or other person shall be recognized in the adjustment of claims under this Act, except in claims for original pension, and in such cases no more than the sum of \$10 shall be allowed for services in preparing, presenting, or prosecuting any such claim, which sum shall be payable only on the order of the Commissioner of Pensions; and any person who shall violate any of the provisions of this section, or shall wrongfully withhold from the pensioner or claimant the whole or any part of a pension allowed or due to such pensioner or claimant under this Act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall, for each and every offense, be fined not exceeding \$500 or be imprisoned not exceeding one year, or both, in the discretion of the court."

## INSTRUCTIONS—READ CAREFULLY

Declaration and testimony must be executed before some officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

Under the law, a person may not receive pension from the Bureau of Pensions and compensation or vocational training pay through the United States Veterans' Bureau, covering the same period of time, except that the receipt of compensation by a widow or parent on account of the death of any person will not bar the payment of pension on account of the death of any other person.

That part of the declaration referring to service between April 6, 1917, and July 2, 1921, should show whether the claimant or any member of her family rendered any service in the Army, Navy, Marine Corps, or Coast Guard of the United States during said period, and if so, the full name under which each served should be stated, together with the designation of the organization in (or the vessel on) which such service was rendered with dates of enlistment and discharge.

The term "family" includes: Child, legally adopted child, stepchild, father, mother, stepfather, stepmother, father and mother through adoption, and person who has stood in place of parent for a period of not less than one year prior to induction into service.



Widow Division  
W.O.1243187  
James P. Bowden  
K 6 Del. Inf.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS  
WASHINGTON

April 2, 1926.

## State of Delaware

## RETURN OF A MARRIAGE

In the Town of Georgetown Sussex County.Full Name of Groom James P. BowdenAge 22 <sup>2</sup> Color WhiteNation or State DelawareResidence GumboroOccupation FarmerFull Name of Bride Mary M. MitchellAge 17 Color WhiteNation and State DelawareResidence Gumboro

Name and birthplace of Bride's parents

Minister Jack H. WebsterDate of Marriage Sept. 29 1891Number of Previous Marriages of Groom 1Of Bride 1

STATE OF DELAWARE, } ss.  
SUSSEX COUNTY, }

I, Horace G. Serrin

Recorder of Deeds in and for Sussex  
County, State of Delaware, do hereby  
certify that the above and foregoing  
is a true and correct copy of the  
record of the marriage of

James P. Bowden  
and Mary M. Mitchell

as now on record in the office of the Recorder of Deeds in and for  
Sussex County and State of Delaware.

Witness my hand and official seal this 9 th day  
of April A. D. 1926

Horace G. Serrin Recorder.

Carp,  
are,

onec-



IN REPLY

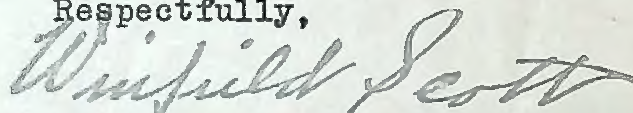
Widow  
W.O.1  
James  
K 6 D

26.

In response to communication of Marjorie Earp, Secretary, Red Cross Home Service, Wilmington, Delaware, with which she filed application in your above cited claim for pension, I have to advise you that it now requires the evidence indicated in the accompanying circular letter.

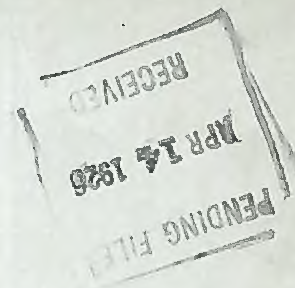
Your claim for the accrued pension due at date of the soldier's death will be considered in connection with your claim for widow pension under act of May 1, 1920.

Respectfully,



Winfield Scott  
Commissioner.

MWC





RETURN TO  
U.S. PENSION AGENCY  
WASHINGTON, D. C.

3-402.

Certificate No. 464202

Name, Jas. P. Bowden

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

*McKay Brand*  
Commissioner.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. yes Louisa J. Bowden maiden name Louisa Littleton

Second. When, where, and by whom were you married? millsboro Del

Answer. Rev Ellis Feb 2 1868

Third. What record of marriage exists? at Long Town

Answer. \_\_\_\_\_

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. yes Sarah E. Mend

Answer. aug 18 1845 for Hudson Near millstone Del

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Benjamin B Bowden Dec 4 1848

Mary M Bowden Oct 1 1891 Mar 3 June 13

Rev Milton Louisa + Roads for W Bowden 23 April 1882

Louisa B Bowden 9 Feb 1886 Isaac M Bowden 23 1849

Lucinda Bowden April 6 1895

Date of reply, March 15, 1898

*(Signature)*  
Charles L. Smith  
Jas P Bowden  
or wife

5301b760m1-9a



